

HELENA FIGURE SKATEING CLUB - MEMBERSHIP FORM 2011-2012

All information is required in order to obtain HFSC and USFS membership. Please check the appropriate box for the membership you are enrolling for. An Associate member is a current USFS member who belongs and represents another club. Associate members have club privileges except voting. First Family member is the skater and Subsequent family members are defined as parents or dependent children up to age 21 living at home or attending school. Emergency information is required if a need arises that your skater may need care. All information is not available to the general membership without your consent.

Renewal Member **New Member** **Associate Member**

Membership year: July 1, 2011--June 30, 2012

Due date no later than June 30

Parent (or responsible party): _____ **Home Phone** _____
Mother's Name _____ **Wk/Cell Phone** _____
Father's Name _____ **Wk/Cell Phone** _____
Mailing Address _____ **City** _____ **State** _____ **Zip** _____
E-mail: _____
Coach of Skater: _____

** You may use our name and contact information for publication in the HFSC club directory						Yes	No
Skater/First Family Member (full name)	Date of Birth	USFS Number	Male	Female	New or Renewal	Member Fee	
						\$	
Subsequent Family Member (full name)						\$	
Subsequent Family Member						\$	
Subsequent Family member						\$	
NEW MEMBER TO USFSA		RENEWAL MEMBER		ASSOCIATE MEMBER Home Club		Total	
First Family Member \$60	First Family Member \$60	\$30 Must provide USFSA # and				Make checks payable To HFSC	
Subsequent Member \$30	Subsequent Member \$30	be in good Standing at home club					

MEMBERSHIP REQUIRMENTS:

All members must sign and follow the HFSC Code of Conduct and return with enrollment form.

The success of the Helena FSC depends upon its' members. Volunteering is strongly needed and encouraged.

All members and parents/guardians must sign the membership form.

Skater Signature _____ Date _____

Skater Signature _____ Date _____

Skater Signature _____ Date _____

Parent Signature _____ Date _____

Return to Membership Chair

Caroline Hudnall

PO Box 1016

East Helena, MT 59635-1016

HFSC RELEASE/MEDICAL FORM

In the event of a medical emergency when I, the parent or legal guardian, cannot be reached, I hereby authorize a Coach from HFSC, Staff at the rink and/or Board member to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the Coach, Staff at the rink, board member, or property owner be held liable for actions taken in good conscience in an emergency situation.

Parent/Guardian Name: _____ Relationship: _____

Signature _____

Home Phone Number: _____ Work Phone: _____

Date: _____

Name of Participant: _____

Birthdate: _____

Home Address _____

City: _____ Zip _____

Emergency Contact Person: _____ Relationship to Participant: _____

Emergency Contact Phone Number: _____

.....
Physicians Name: _____ Phone # _____

Dentist's Name _____ Phone # _____

Orthodontist's Name _____ Phone # _____

Optometrist's Name _____ Phone # _____

Allergies: _____

Physical Limitations: _____

Regular Medications: _____

Other Health considerations: _____
.....

Parent or legal guardian signature

Board Member Signature