



Channel Islands Figure Skating Club

CIFSC Membership Application - 2011-2012



PERSONAL INFORMATION (PLEASE PRINT)

Name _____ Sex M/F _____ Birth Date _____
Miss, Ms., Mrs., Mr., Dr. USFS requirement for competitors

Address _____ City _____

State _____ Zip _____ Phone () _____ () _____
Home Work

Cell () _____ FAX () _____ Email _____
To receive CIFSC newsletter via Email

Parents' Name _____ Occupation _____
Required for Jr. Members Only optional

USFS ELIGIBILITY STATUS (See current rules in USFS rule book)

(Check one) <input type="checkbox"/> New <input type="checkbox"/> Renewal	(Check one) <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Restricted <input type="checkbox"/> Reinstated <input type="checkbox"/> CSI	(Check one) <input type="checkbox"/> Senior (18 and over) <input type="checkbox"/> Junior (Under 18) <input type="checkbox"/> Life <input type="checkbox"/> Associate* <small>*Associate is a non-skater</small>	(Check one) US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
(Check one) <input type="checkbox"/> Home Club <input type="checkbox"/> Second Club			USFS# _____ <small>Home Club members must submit a CIFSC application and a USFS Registration Form.</small>

Highest Test Passed: USFS _____ ISI _____

SKIP THE CIFSC DUES INFORMATION SECTION IF THIS APPLICATION IS FOR AN ADDITIONAL FAMILY

CIFSC DUES INFORMATION Home Club includes USFS membership and skating Magazine (1 magazine per address)

FIRST FAMILY MEMBER (Check one) <small>Note: First family member must be a skater</small>	TAX DEDUCTIBLE DONATION
Home Club <input type="checkbox"/> \$85.00 <input type="checkbox"/> Introductory (1st year only) \$50.00 <input type="checkbox"/>	Competition Fund \$ _____
Second Club <input type="checkbox"/> \$45.00 <input type="checkbox"/> Collegiate (1st year) \$80.00 <input type="checkbox"/>	Hospitality Fund \$ _____
Professional <input type="checkbox"/> \$50.00 <input type="checkbox"/> Collegiate (Years 2-4) \$ 0.00 <input type="checkbox"/>	Dues \$ _____
Associate* <input type="checkbox"/> \$40.00 <input type="checkbox"/> Basic Skills (Academy only) \$12.00 <input type="checkbox"/>	TOTAL DUE \$ _____
<small>*Associate is a non-skater</small>	<small>Make check payable to: Channel Islands FSC</small>
ADDITIONAL FAMILY MEMBERS <small>Please submit a separate form for each additional applicant</small>	
Home Club \$40.00 x _____ = \$ _____	
Second Club \$30.00 x _____ = \$ _____	
Introductory \$20.00 x _____ = \$ _____	

END OF DUES SECTION

Previous home club if changing to CIFSC _____

Home club if not CIFSC _____

Name of first family member _____
First family member must be a skater

The information stated above is complete and accurate. As the member or parent/guardian, I/we fully understand the hazards associated with ice skating and do hereby absolve the CIFSC from any liability or claim for injuries or damage that may occur at any events or practices sponsored by CIFSC.
THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED SIGNATURES

MEMBER _____ Signature _____ DATE _____

PARENT or GUARDIAN _____ Signature (Required for Jr. Members Only) _____ DATE _____

Photo Permission: I give permission to the CIFSC to use any photographs of above registered skater in club literature, on the club website, or on the rink bulletin board posters or newsletters.

YES NO PARENT or GUARDIAN _____
IF THE ANSWER IS NO, DO NOT SIGN DATE _____
Signature (Required for Jr. Members Only)

RETURN TO: Cathy Anderson (OR) Use the CIFSC mail box located in the
 1025 Palmetto Way #E Oxnard Ice Skating Center (805-988-4440)
 Carpinteria, CA 93013 Oxnard, CA

The CIFSC membership extends from July 1, 2011 to June 30, 2012. Dues are payable for next year on July 1, 2010

CIFSCmembership11157