



# Channel Islands Figure Skating Club

## CIFSC Membership Application - 2009/2010



### 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 \_\_\_\_\_ Required for Jr. Members Only Occupation \_\_\_\_\_ 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)

<b>FIRST FAMILY MEMBER</b> <small>Note: First family member must be a skater.</small> <small>(Check one)</small> Home Club \$70.00 <input type="checkbox"/> Second Club \$35.00 <input type="checkbox"/> Professional \$40.00 <input type="checkbox"/> Associate* \$40.00 <input type="checkbox"/>	<b>ADDITIONAL FAMILY MEMBERS</b> <small>Please submit a separate form for each additional applicant.</small> Home Club \$35.00 x _____ = \$ _____ Second Club \$25.00 x _____ = \$ _____ <small>*Associate is a non-skater</small>	<b>TAX DEDUCTIBLE DONATION</b> Competition Fund \$ _____ Hospitality Fund \$ _____ Dues \$ _____ <b>TOTAL DUE \$ _____</b> <small>Make check payable to: Channel Islands FSC</small>
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### 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  
 Signature (Required for Jr. Members Only) \_\_\_\_\_ DATE \_\_\_\_\_

**Directory Permission:** For the above registered member, I give permission to the CIFSC to include selected information contained in this application in the CIFSC members directory.

If YES, Select:  name  street address  city/state/zip  phone number  skating level  first/second club

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

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