

# GLACIER FALLS FIGURE SKATING CLUB MEMBERSHIP APPLICATION



JULY 1, 2010 – JUNE 30, 2011

## FIRST FAMILY MEMBER

Name:		
Date of Birth:	Email:	Home Phone:
Current Address:		Cell Phone:
City:	State:	ZIP Code:
Home Club:	New Member or Renewing Member	USFSA #:
Primary Skating Arena	Primary Area of Interest in Skating:	

## SECOND FAMILY MEMBER

Name:		
Date of Birth:	Email:	Cell Phone:
Home Club:	New Member or Renewing Member	USFSA #:
Primary Skating Arena	Primary Area of Interest in Skating:	

## THIRD FAMILY MEMBER

Name:		
Date of Birth:	Email:	Cell Phone:
Home Club:	New Member or Renewing Member	USFSA #:
Primary Skating Arena	Primary Area of Interest in Skating:	

## FOURTH FAMILY MEMBER

Name:		
Date of Birth:	Email:	Cell Phone:
Home Club:	New Member or Renewing Member	USFSA #:
Primary Skating Arena	Primary Area of Interest in Skating:	

## MEMBERSHIP FEES:

HOME CLUB	COLLEGIATE (4yr )	SECONDARY CLUB
1 <sup>st</sup> member : \$85	Price per each Collegiate Member: \$120	\$30
2 <sup>nd</sup> member : \$55		
Price per each additional member : \$25		
PRORATED MEMBERSHIP APRIL – JUNE – 1 <sup>ST</sup> FAMILY MEMBER \$55		

TOTAL MEMBERSHIPS \_\_\_\_\_ TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_ CHECK PAYABLE TO **GLACIER FALLS FSC**

## MAIL APPLICATION FORM TO:

**CRIS POZANAC  
1219 VISCANO DRIVE  
GLENDALE CA 91207  
818-243-0264**

FOR AND IN CONSIDERATION OF ACCEPTANCE OF MY MEMBERSHIP BY THE GLACIER FALLS FSC, I HEREBY WAIVE ANY RIGHT TO CLAIM DAMAGES AGAINST THE CLUB, ITS OFFICERS, DIRECTORS AND MEMBERS AND RELEASE ANY AND ALL OF THEM FROM ANY LIABILITY WHICH MAY ARISE OUT OF MY MEMBERSHIP THEREIN

Signature of Applicant:	Date:
Signature of Parent:	Date:

