



Finer Edge Figure Skating Club

Membership Form: July 1, 2018– June 30, 2019



A separate form must be filled out for each member.

Name of Skater/Member: _____	Home Phone _____ Work Phone _____ Cell Phone: _____	USFSA# _____ Birthdate (MM/DD/YYYY) _____/_____/_____ <input type="checkbox"/> Male <input type="checkbox"/> Female
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Skater/Member Email: _____	
If Skater/Member is under 18 years of age: Parent/Guardian Name: _____ Birthdate (MM/DD/YYYY) _____/_____/_____ Parent/Guardian Email _____		
_____ Mailing Address	_____ Town/City	_____ State _____ Zip Code
Skating Tests Passed: MIF: _____ Dance: _____ Free: _____ Pair: _____		
Are you a COACH ? If yes, please provide: USFSA# _____ and/or PSA# _____ CER completed: Yes <input type="checkbox"/> No <input type="checkbox"/>		
NEW MEMBERS: Name of previous skating club you belonged to: _____ Prior USFSA #: _____ Last year you belonged to the above club: _____		
ANNUAL MEMBERSHIP RATES: <input type="checkbox"/> Renewal <input type="checkbox"/> New		
<input type="checkbox"/> Home Club Member (Age 18 or over).....		\$175
<input type="checkbox"/> Home Club Member (Under age 18).....		\$150
<input type="checkbox"/> Additional Skating Member		\$85
<input type="checkbox"/> Beginners (Second-year USFS members)		\$60
<input type="checkbox"/> Introductory (For first-time USFS members who have never before been "Full" USFS members).....		\$40
<input type="checkbox"/> Non-Skater (Includes parents for any member skater under age 18).....		\$25
<input type="checkbox"/> Collegiate (4 year membership from 2018 to 2022).....		\$175
<input type="checkbox"/> Coach.....		\$80
<input type="checkbox"/> Non-Home Club (Associate membership for skaters/coaches/parents).....		\$40
IMPORTANT NOTE: Any member under age 18, must include one parent membership per skater		
Make checks payable to "Finer Edge Figure Skating Club" (returned checks subject to \$30.00 fee) Total Amount \$ _____		

I hereby apply for membership in the Finer Edge Figure Skating Club. For and in consideration of the acceptance by Finer Edge Figure Skating Club of my application for membership, 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. Acceptance of membership in Finer Edge Figure Skating Club subjects the member to all rules and regulations of the Club and requires that each member support the Club activities. The Club reserves the right to refuse or cancel any membership.

Membership Signature: _____

Date: _____

Parent Signature (if member is under 18 years of age) _____

Date: _____

Mail to: Finer Edge Figure Skating Club
P.O. Box 310076
Newington, CT 06131-0076

Contact for Questions: fineredgefsc@hotmail.com