

FORESTWOOD FIGURE SKATING CLUB  
APPLICATION FOR MEMBERSHIP  
2008-2009 SEASON

Skater's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ USFSA #: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

e-mail: \_\_\_\_\_  
(very important for club correspondence)

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

Coach(es): \_\_\_\_\_

Test Levels: Freestyle \_\_\_\_\_ Moves \_\_\_\_\_  
Dance \_\_\_\_\_ Pairs \_\_\_\_\_

**Check here if the Forestwood FSC has permission to use your member information in the Club directory.**

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Membership: (check one) New \_\_\_\_\_ Renewal \_\_\_\_\_

Home Club 1<sup>st</sup> Member-----\$70.00 \_\_\_\_\_

Subsequent Member-----\$45.00 \_\_\_\_\_

\*Non-skating & Associate Member -----\$45.00 \_\_\_\_\_

(home club other than Forestwood, but wishing to contract ice)

\*Skills Only Member -----\$20.00 \_\_\_\_\_

\* non-voting memberships

**Make checks payable to FFSC and mail to:**  
Nancy Haverdill - FFSC Membership  
7275 Meadow Lane  
Parma, Ohio 44134

Please be sure to include the Membership Form, Indemnification for use of Jump Harness Form and Medical Release Form.

**THE FORESTWOOD FIGURE SKATING CLUB CONSENT, RELEASE AND  
INDEMNIFICATION FOR USE OF JUMP HARNESS**

I CONSENT TO THE USE OF A JUMP HARNESS IN THE TEACHING OF ME/MY CHILD'S ICE SKATING ROUTINE. I HAVE INSPECTED THE JUMP HARNESS AND THE RELATED APPARATUS. I UNDERSTAND THE BELT WILL BE ATTACHED TO ME/MY CHILD'S WAIST IN ORDER TO ENABLE A SKATING INSTRUCTOR TO LIFT ME/MY CHILD THREE TO FIVE FEET OFF THE ICE SURFACE, TO BE PULLED ALONG AND THEN LIFTED DURING THE JUMP. THE ROPE/PULLEY, WHICH IS PART OF THE APPARATUS, IS ATTACHED TO A WIRE THAT STRETCHES OVER THE ICE SURFACE.

IN CONSIDERATION OF MY PARTICIPATION IN ANY FORESTWOOD FIGURE SKATING CLUB PROGRAM OR BASIC SKILLS ACTIVITY, I ACKNOWLEDGE THAT I UNDERSTAND THE NATURE OF THE ACTIVITY AND THAT I, AND OR MY MINOR CHILD, AM QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I ACKNOWLEDGE THAT IF CONDITIONS ARE UNSAFE, I AND/OR MY MINOR CHILD, WILL IMMEDIATELY DISCONTINUE PARTICIPATION IN THE ACTIVITY.

\_\_\_\_\_ I AGREE TO THE ABOVE CONDITIONS.

\_\_\_\_\_ I DO NOT AGREE TO THE ABOVE CONDITIONS AND UNDERSTAND THAT MY CHILD WILL NOT BE ALLOWED ON THE JUMP HARNESS.

**SIGNATURE (PARENT MUST SIGN IF SKATER IS UNDER 18):**

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**LIABILITY FORM**

**(MUST BE SIGNED BEFORE SKATER MAY TAKE THE ICE)**

I FULLY UNDERSTAND THAT SKATING INVOLVES RISKS OF SERIOUS INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS, AND DEATH, AND THAT THESE AND OTHER RISKS MAY BE CAUSED BY MY OWN ACTIONS OR IN-ACTIONS, OF THOSE PARTICIPATING IN THE EVENT, THE CONDITIONS IN WHICH THE EVENT TAKES PLACE, OR THE NEGLIGENCE OF THE RELEASEES NAMED BELOW. I FULLY UNDERSTAND THAT THERE MAY BE OTHER RISKS EITHER NOT KNOWN TO ME OR NOT FORESEEN AT THIS TIME, AND I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCURE AS A RESULT OF MY PARTICIPATION IN THE ACTIVITY. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE FORESTWOOD FIGURE SKATING CLUB OF PARMA OHIO, ITS RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, VOLUNTEERS, EMPLOYEES, AND ANY SPONSORS AND ADVERTISERS OF ANY FORESTWOOD FIGURE SKATING CLUB OF PARMA OHIO EVEN IN WHICH I PARTICIPATE (EACH CONSIDERED ONE OF THE RELEASEES HEREIN) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES. IF I, OR ANYONE IN MY AND OR MY MINOR CHILD'S BEHALF, MAKES A CLAIM WHICH DOES NOT ARISE FROM GROSS NEGLIGENCE OF, OR INTENTIONAL, WILLFUL OR WANTON MISCONDUCT OR RELEASEES AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LOSS, LIABILITY, DAMAGE, OR COST WHICH MAY INCURE AS A RESULT OF SUCH CLAIM. I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND IT.

SKATER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FORESTWOOD FIGURE SKATING CLUB OF PARMA, OHIO

5000 Forestwood Ave. Parma, Ohio 44134

MEDICAL FORM

Skater's Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent or Guardian's Contact Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PERSON TO CONTACT IN AN EMERGENCY IF PARENT OR GUARDIAN CAN'T BE REACHED:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

FAMILY DOCTOR (used in emergency only):

Name \_\_\_\_\_ Phone \_\_\_\_\_

FAMILY DENTIST (used in emergency only)

Name \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE LIST ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS THAT WOULD BE RELEVANT IN CASE OF EMERGENCY:

\_\_\_\_\_  
\_\_\_\_\_

Skater's signature \_\_\_\_\_

Parent's signature if child is minor \_\_\_\_\_