Lower Cape Figure Skating Association, Inc.

ISI
2008 - 2009 Season

P.O. Box 1197
East Orleans, MA 02643

LCFSA MEMBERSHIP FEE (check one): ☐ Family $200.00 ☐ Individual $150.00

Last Name: _____ Home Phone: _____ _____ Parent's Email:_____

Mailing Address: _____
Street Town, Zip

	PERSONAL INFO		ISI INFO		*USFSA INFO	
	First Name	Date of Birth	Membership Number	Last Level Passed	Membership Number	Last Level Passed
Skater #1						
Skater #2						
Skater #3						

Mother's Name: _____ Work # _____ Cell #_____

Father's Name: _____ Work # _____ Cell #_____

Emergency Contacts if unable to reach parents:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Emergency Medical Release Statement:
In case of a medical emergency, I authorize any CMA staff person to administer basic first aid and/or call the Orleans Rescue Squad. I understand that every effort will be made to contact the parent/emergency contact person beforehand unless in their judgment it is imperative the rescue squad or a physician be consulted immediately.

LCFSA Statements:
I understand as parent/guardian of Skater(s) _____ that I am responsible for the ice time indicated on all contracts signed. I understand the rate for each session depends on the amount of time chosen, whether the payment for each block is received in the mail or in person on or before the due date indicated. I understand that if the full payment is not made by the due date, the skater will not be allowed on club ice until it is received.

I understand that in the skater's absence, the absentee's ice will be offered for sale by LCFSA (voted 8/30/88). The only exception to this is for a family member who may skate on the absent skater's ice time.

For long term illness or injury, A doctor's note must be presented to the Executive Board before the Executive Board will arrange a refund of contracted ice time.

Refunds of ice time cancelled by LCFSA or the Charles Moore Arena will be given as coupons to be used to purchase walk on ice during regular scheduled sessions (if space is available).

I understand that payments received by LCFSA will be applied first to any outstanding balance owed by this/these skaters (from prior blocks, any team tuition owed, clinic fees owed, competition fees owed) prior to being credited to any new club offered program, clinic or competition.

As an LCFSA club member/parent, you are expected to volunteer throughout the year and at special events such as shows and competitions. In addition all listed members, individual or family, are expected to participate in club fundraising events. All terms and conditions are understood.

*USFSA Membership application and fees are separate.

Signed _____ Date: _____