

Ensemble Team Application 2017-18 Findlay Silver Blades Figure Skating Club

Skater Info		
Name	Date of Birth	
Street Address		
City	State	Zip
Phone # ()		
ISI#		
Highest ISI Test Passed:	Deadline is September 27th, 2017	
Parents Info		
Father's Name		
Street Address (if different than applicant)		
City	State	Zip
Mother's Name		
Street Address (if different than applicant)		
City	State	Zip
Email address of parents		
Are there any special circumstances, i.e. medical conditions, custody arrangement, etc., that the instructors should be aware of? If so, please explain:		
The undersigned, for myself, my family, and the member specified herein, applies for membership in the Silver Blades Figure Skating Club (SBFSC) Production Team program and in consideration of membership in SBFSC's programs, freely assumes all risks, hazards, and losses connected with participation in SBFSC, agrees to abide by all rules and regulations of SBFSC and shall indemnify and hold harmless SBFSC, its officers, directors, members and staff from all claims, demands, losses, expenses, causes of action and liabilities of any kind of injuries to persons and/or damage to property arising directly or indirectly out of SBFSC membership and/or activities regardless of the negligence on the part of anyone whatsoever.		
Please complete and include a check payable to Silver Blades Figure Skating Club ___ Ensemble team \$125.00. This includes ice, coaching, entry fees for our Flag City Competition and one more competition of your choice. <div style="display: flex; justify-content: space-between;"> <div> <p>\$25.00 due with application</p> <p>\$50.00 due October 10th</p> <p>\$50.00 due November 10th</p> </div> <div style="text-align: right;"> <p>Mail to: Cassie Muzy</p> <p>3021 County Road 220</p> <p>Findlay, Ohio 45840</p> </div> </div>		
Signed:		Date
For Office Use Only		
Date Received	Amount	Check

___ Have a team... Team Mates _____
 ___ Please help me find some Team Mates _____