

Team Compulsory Membership Application
Silver Blades Figure Skating Club
2011 Spring Season

Please complete and include check for \$100 payable to Silver Blades Figure Skating Club and mail by March 1 to: Tracy Koehler, 1620 Silver Creek Dr., Findlay, OH 45480. If you have questions, call Tracy Koehler at 419-420-0850 or email at jck2@aol.com. Installments may be made - \$50 by March 1 and \$50 by May 1. Deadline to apply is March 1.

Applicant/Skater		
Name	Date of Birth	
Street Address		
City	State	Zip
Phone # ()		
List Home Skating Club?		
ISI #	USFSA #	
Highest ISI Test Passed?	Highest USFSA Freestyle Test Passed?	
Parents		
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) Team Compulsory Program and in consideration of membership in SBFSC Team Compulsory Club, 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 and 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 whosoever.		
Signed	Date	
For Office Use Only		
Date Received	Amount	Check #