

**Braemar-City of Lakes Figure Skating Club
Associate Club Membership Application**

Cost: \$120 per year

Skater's Name: _____ USFS# _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ ZIP Code + 4 _____

Birth Date: _____ Male Female **EMAIL:** _____

School: _____ School District: _____

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

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

Billing Address (if different from home address): _____

Test Level: (Please indicate the highest level USFS test passed)

Free skate: _____ Moves: _____

Dance: _____ Pairs: _____

Braemar Professional:

Name: _____ Signature (**required**): _____

The undersigned agrees to abide by the rules of the Braemar-City of Lakes Figure Skating Club (BCLFSC), and US Figure Skating, as set forth in the latest edition of the USFS Rulebook; to pay all club bills incurred by the skater by the 30th day of the month; to pay any expense incurred as a result of attempting to collect any monies owed to BCLFSC; to allow the skater's name, image and associated accomplishments to be featured in press releases on the BCLFSC website and in the BCLFSC newsletter to recognize the skater and to promote the BCLFSC. The undersigned has reviewed and understands the **Ice Monitoring Requirement** on the website at www.braemarfsc.org :

Signature: _____ Date: _____

(Parent or guardian signature if skater is under 18 years of age)

Completed renewal forms:

- 1) Medical Emergency and Waiver form
- 2) Excellence Agreement form
- 3) Safe Sport Form
- 4) Photo Usage Parent Consent Form
- 5) Check payable to **Braemar-City of Lakes FSC** mail to:

Membership Coordinator
Braemar City of Lakes FSC
PO BOX 390301
Edina, MN 55439-3001
(Must be postmarked by June 17)

Braemar Skating
MEDICAL/EMERGENCY INFORMATION FORM

Skater: _____

Street: _____

City, State, Zip _____

Home Phone: _____

Mother's Name: _____

Work or Cell Phone: _____

Father's Name: _____

Work or Cell Phone: _____

Physician's Name & Phone _____

Dentist's Name & Phone _____

Orthodontist's Name & Phone _____

Preferred Hospital: _____

Allergies or Other Medical Conditions: _____

Medications: _____

In case of emergency, you have my permission to give emergency treatment and transport my child to an appropriate medical facility. I am responsible for all expenses resulting from emergency treatment and/or transport.

Signature: _____ **Date:** _____

RETURN COMPLETED FORM WITH REGISTRATION FORM

BRAEMAR-CITY OF LAKES EXCELLENCE AGREEMENT

To: My Fellow Club Members, Coaches & Parents

From: _____ (skater's name)

As my commitment to all the skaters at the Braemar Club becoming the best that they can, I agree to abide by the Club's On-Ice Conduct and Safety guidelines as follows:

1. The following behaviors are NOT allowed and may result in loss of permanent ice or expulsion from the club:
 - a. Foul language (this rule also applies to parents or guests of skaters)
 - b. Eating or chewing gum while on the ice
 - c. Kicking or damaging the ice surface
 - d. Sitting or lying on the ice
 - e. Purposely blocking or obstructing other skaters
2. Members skating their programs will wear a vest or other identifying clothing as required by the Club. These skaters will have Right of Way over all other skaters on the ice.
3. Skaters on the ice are expected to be moving at all times. If you are stretching or receiving instructions from a Professional, you may stand at the boards briefly. All other activities must be conducted off the ice.
4. No stretching in which the free leg is away from the boards and projecting away from the boards is permitted.
5. Any problems should be reported to the Professionals and Ice Monitor immediately. The Ice Monitor has the authority to resolve all issues or disputes occurring during the session.
6. Skaters in violation of these rules can be removed from a session, and no refunds shall be made.
7. Skaters are to respect all coaches, and if asked to comply with these rules shall do so immediately.
8. Skaters must understand the flow patterns of the Club sessions, and know the location of the "Lutz Lanes" and "Spin Circles" and agree to skate accordingly.
9. Skaters will treat all other skaters with respect.

I promise to all my friends, coaches and fellow club members to abide by these rules, to do my best to help everyone reach their own goals, and to be supportive of these goals even though they may differ from my own.

Skater's Name: (please print) _____

Skaters Signature: _____

Parent/Guardian: _____

SafeSport Statement for Membership Renewal

Braemar-City of Lakes Figure Skating Club is committed to creating a safe and positive environment for members' physical, emotional and social development and ensuring that it promotes an environment free of misconduct.

The following code of conduct applies to all participants in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating and Braemar-City of Lakes Figure Skating Club including but not limited to competitions, exhibitions, training camps and local rink activities.

I recognize that my participation or my child's in all the activities associated with U.S. Figure Skating and Braemar-City of Lakes Figure Skating Club is an honor and privilege that carries certain responsibilities. I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents.

U.S. Figure Skating Member Code of Conduct GR 1.02

I recognize that my participation in all activities hosted, supported, sponsored or engaged in by U.S. Figure Skating, including but not limited to competitions, exhibitions and training camps, is an honor and privilege that carries certain responsibilities. I agree to fully abide by the rules and guidelines set forth by U.S. Figure Skating or its properly designated agents. As a precondition to participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating, I will adhere to the following tenets in good faith:

- A. I will exhibit the highest standards of fairness, ethical behavior and genuine good sportsmanship in all of my relations with others.
- B. I will not damage public or private property. I understand that I may be held financially responsible for damage deemed to be wantonly or willfully executed on my part, and that I may be subject to disciplinary action by U.S. Figure Skating.
- C. I will not use or possess illegal drugs, and I will not engage in criminal activity. I understand that, if I am found to use or possess illegal drugs, or if I am found to engage in any criminal activity during any activity hosted, supported, sponsored or engaged in by U.S. Figure Skating, I may be subject to criminal penalties as well as penalties imposed by U.S. Figure Skating.
- D. I will adhere to the rules of U.S. Figure Skating and the host organization at all activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.
- E. I will comply with all applicable anti-doping rules including, but not limited to, ISU and USADA anti-doping rules.
- F. I will conduct myself in a manner not detrimental to the welfare of figure skating. I understand that my actions reflect on U.S. Figure Skating and the sport of figure skating both positively and negatively. I understand that if my acts, statements, or conduct are considered detrimental to the welfare of figure skating by the appropriate authority, I may be subject to penalties imposed by U.S. Figure Skating pursuant to GR 1.04.
- G. I understand that the penalties that may be imposed may include, but are not limited to, loss of future international selections, loss of financial support from U.S. Figure Skating and its Memorial Fund, and loss of participation in activities hosted, supported, sponsored or engaged in by U.S. Figure Skating.
- H. I understand that all disciplinary proceedings will be conducted pursuant to Article XXV, Section 3, of the U.S. Figure Skating bylaws, and that my rights and remedies are derived therefrom.

Skater's Name: (please print) _____

Skaters Signature: _____

Parent/Guardian: _____

Photo Usage Parental/Guardian Consent Form

This is to request permission for your child's photo/image and personally identifiable information to be published use for marketing and promotion of figure skating by Braemar-City of Lakes Figure Skating Club.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as a club do want to celebrate your child and his/her skating accomplishments. We also want to publicize our club and our training programs in the community.

The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes skater's names, photo or image, residential addresses, e-mail address, and phone numbers.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the club president or any board member of the Braemar-City of Lakes Figure Skating Club and such rescission will take effect upon receipt

Check one of the following choices:

- I/We GRANT permission for a photo/image that includes this skater and any other personal identifiers to be published on the clubs public Internet site and used for marketing and club promotional materials.
- I/We DO NOT GRANT permission for photo/image that includes this skater to be published on the clubs public Internet site or used for club marketing or promotional materials.

Skater's Name: (please print) _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Date: _____

Directory Inclusion Consent Form

Due to several requests from parents, we would like to publish a club directory this year. We will use the information given on the membership form for the directory (skater name, parent name, address, home phone, e-mail address). Please check and sign below to be included in the club directory.

- I/We GRANT permission for our skater and their relevant information to be included in the club directory.

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

The directory is for the sole use of parents and skaters of the Braemar City of Lakes Figure Skating Club. The directory cannot be used for any business purpose.