

**Braemar-City of Lakes Figure Skating Club
Off Ice Facilities Usage Application**

Cost: \$50

Name: _____ USFS#: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code + 4: _____

Birth Date: _____

EMAIL: _____

Will Braemar be your home club? _____ If not, list home club: _____

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.

Signature: _____ Date: _____

**WAVIER TO THE CITY OF EDINA AND BRAEMAR-CITY OF LAKES
FIGURE SKATING CLUB**

I understand that figure skating and its related activities may be hazardous and that injuries may occur in the normal course of participation. I assume all hazards and risks to my child or me and will not hold the City of Edina or Braemar-City of Lakes Figure Skating Club responsible for any injuries.

I certify that, to the best of my knowledge, neither my child nor I have any physical infirmities or limitations except as follows: (List any conditions, including allergies, of which you are aware)

Signature: _____ Date: _____

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

Pro Signature: _____ Date: _____

(Signature of skater's professional)

Completed application forms and check payable to **Braemar-City of Lakes FSC** must be dropped off at club mailbox at arena or sent to:

Membership Coordinator
Braemar City of Lakes FSC
PO BOX 390301
Edina, MN 55439-3001