



**CHARTER OAK FIGURE SKATING**  
**Membership Application**  
**JULY 1, 2017 to JUNE 30, 2018**



Check ONE:  RENEWAL  NEW MEMBER  TRANSFER (may require additional documentation)

Check ONE:  1<sup>st</sup> FAMILY MEMBER  SUBSEQUENT FAMILY MEMBER (same household as 1<sup>st</sup>)

**(NOTE: Separate application is required for each member, except the parent/guardian of a Junior member)**

**Please complete both pages of this application.**

LAST Name: _____	Home Phone: (____) _____-_____	USFSA No. _____ ____ New USFSA Member
FIRST Name: _____	Business Phone: (____) _____-_____	Sex _____ Birthdate: (MM/DD/YYYY) ____ M ____ F ____ / ____ / ____
Cell Phone: (____) _____-_____		
Street Address _____ Town/City _____ State _____ Zip _____ E-mail _____		
Eligibility Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Restricted Are You a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are You a Coach?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes: <b>PSA #</b> _____ <b>PSA Exp.</b> _____		

**MEMBERSHIP RATES**

- ADULT (Skater age 18 or older) includes voting COFS membership & USFS membership
 

<b>1<sup>st</sup> Family Member</b>	<b>\$190.00</b>
<b>Subsequent Family Member</b>	<b>\$165.00</b>
- JUNIOR (Skater under age of 18) includes non-voting COFS membership & USFS membership
 

<b>1<sup>st</sup> Family Member</b>	<b>\$190.00</b>
<b>Subsequent Family Member</b>	<b>\$165.00</b>

\*\*\* COFS members who fulfilled their obligations and are in good standing for 2016-2017, and are renewing Adult or Junior membership, will receive a \$15 discount. Volunteer hours must be logged for the correct season (July 1 through June 30) in EntryEeze.

**JUNIOR membership also includes one complimentary "Sustaining" COFS membership (voting, non-skating) & USFS membership, for parent or guardian residing at the same address**

Please supply information on parent/guardian receiving Sustaining membership:

Name	USFSA No. or "New"	M ____ F ____	____ / ____ / ____	Sex	Date of Birth
E-mail	(____) _____-_____	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone # (if different from above)	

- SPECIAL INTRODUCTORY RATE FOR FIRST-TIME USFS MEMBERS includes COFS & USFS memberships **\$100.00**  
**1<sup>st</sup> Year for skaters who have never before been "Full" USFS members**
- NON-TESTING MEMBERSHIP - includes voting COFS membership & USFS membership. **\$80.00**  
 Member must be at least 18 (or turning 18 during this membership season), and **no longer testing**. It is intended for professionals (e.g. coaches), recreational skaters, as well as non-skating members involved with COFS functions.
- COLLEGIATE MEMBERSHIP - includes voting COFS membership & USFS membership valid for **4 years, ending June 30 of the fourth year**. See U.S. Figure Skating rulebook for eligibility details. **\$175.00**

**Refer to the Membership Benefits sheet on the COFS website for a full listing of benefits related to each membership type**

**Application must include completed waiver. Volunteer Commitment required. SEE PAGE 2**

<b>Total: \$</b> _____
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Make checks payable to **COFS**. Send to **Charter Oak Figure Skating, 1375 Hopmeadow Street, Simsbury, CT 06070**  
 or pay **ONLINE** at [charteroakfsc.com](http://charteroakfsc.com) Questions? Call 860-651-5400

**Please note that membership fees are due upon receipt and will not be prorated**

Office Use Only: Check # or Trans.Code _____ Date Recv'd _____ Amount _____
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CHARTER OAK FIGURE SKATING  
MEMBERSHIP APPLICATION (continued)

**VOLUNTEER COMMITMENT**  
**Minimum 6 hours/year**

The ability to run COFS and its programs is entirely dependent on its volunteers. Your time and efforts are vital to the success of the organization. There are a number of opportunities throughout the year available to meet the Volunteer Commitment including but not limited to the Charter Oak Open (typically 1<sup>st</sup> weekend in August), Test Sessions (see schedule), and other COFS activities. Please refer to <http://www.charteroakfsc.com/COFSCVolunteeringFacts.pdf> for more details. \*\*\* COFS members who meet or exceed their volunteer commitment will receive a renewal discount the following year. \*\*\*It is the member's responsibility to log volunteer hours in EntryEeze.

**DEMOGRAPHICS**

**Students: Grade entering in Fall:** \_\_\_\_\_

**Primary Rink (Circle One)** ISCC West Hartford Bolton Champions **Other:** \_\_\_\_\_

**Discipline (Circle all that apply)** Singles Pairs Dance Synchro Adult **Other:** \_\_\_\_\_

**Preferred Method of Communication (Circle One)** E-mail US Postal Service

No application will be processed without completed and signed waiver

**MEMBERSHIP AGREEMENT, WAIVER AND RELEASE OF LIABILITY**

**In consideration for being allowed to participate in any skating or related activities sponsored by Charter Oak Figure Skating, Inc., and by signing below I acknowledge and agree that:**

1. Membership in the Charter Oak Figure Skating, Inc. and participation in COFS activities is a privilege and that my membership may be revoked in accordance with procedures established in the COFS by-laws.
2. I have read the COFS by-laws and agree to support and abide by the provisions for membership as outlined therein. I agree to conduct myself in accordance with the established behavior guidelines contained in U.S. Figure Skating Rulebook, U.S. Figure Skating Code of Conduct (GR 1.02), the COFS Codes of Conduct and other publications. COFS reserves the right to update its policies on an as needed basis.
3. From time to time, the COFS will take pictures at events and post these pictures (without skaters' names) on the website or the Charter Oak bulletin board at ISCC. These pictures will not be used for commercial purposes and individuals will not be further identified without permission. By joining COFS I agree that any pictures of me (or my family) at events can be used in this way without the need for COFS to seek further permission. I understand and agree that COFS may include my name on its website or other postings for purposes such as good luck and congratulations notices.
4. The risk of injury from the activities involved as a skater is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
5. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
6. I willingly agree to comply with the stated and customary terms and conditions for participation in any COFS event (skating or social). If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless COFS, Inc., its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss of damage to person or property, even if arising from the negligence of the releasees or otherwise.

\_\_\_\_\_  
Participant's Signature (for participant age 18 or older)

\_\_\_\_\_  
Date Signed

**FOR PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation as provided above, **even if arising from their negligence.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Emergency Phone No.

\_\_\_\_\_  
Date Signed