

**North Jersey Figure Skating Club – BASIC SKILLS MEMBERSHIP APPLICATION**  
**Membership year runs 7/1/09 thru 6/31/10 (This is a change in dates from last year)**  
 Please complete all fields carefully and legibly. One Application Per Member Please.

Skater Name: (last):	(first):	Miss, Ms., Mrs., Mr.	Home Telephone
Address			Work Telephone
City	State	Zip Code	Cell Telephone
E-Mail (At least 1 CURRENT e-mail per family required!) Club communication is by E-Mail.:		US Skating Number	U.S. Citizen (Y/N) Coach's Name

<u>Membership Application</u> <input type="checkbox"/> New Basic Skills Club Member <input type="checkbox"/> Renewing Basic Skills Club Member	<u>Membership Type</u> <input type="checkbox"/> Basic Skills (limited benefits)	<u>Primary Skating Interest (Check one)</u> <input type="checkbox"/> Competitive Basic Skills Skater <input type="checkbox"/> Recreational Basic Skills Skater  When do you plan to reach pre-preliminary? (Date): _____	<u>What level are you in Basic Skills?</u>
Keep Confidential (will be printed in Club Directory unless box is checked below)  <u>Please Do Not Print:</u> <input type="checkbox"/> Home Address <input type="checkbox"/> Home Telephone <input type="checkbox"/> E-Mail Address	<u>Date of Birth Required by US Skating</u>  _____ (mm/dd/yyyy)  <u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Club Status (NJFSC to be my)</u>  <input type="checkbox"/> Home Club  I skate at:  _____	<u>Future Area(s) of Skating Interest:</u> <input type="checkbox"/> Singles <input type="checkbox"/> Pairs <input type="checkbox"/> Synchronized <input type="checkbox"/> Dance <input type="checkbox"/> Theater-on-Ice <input type="checkbox"/> Unsure  <u>Volunteer to Help Club</u> <input type="checkbox"/> My parent would like to volunteer <input type="checkbox"/> I would like to be a volunteer

**Please note that membership is not pro-rated. The membership year runs from July 1, 2009, through June 30, 2010.**

**Membership Fees:**

*Basic Skills Member:* \$15.00  **Per Skater**  
 (only for basic skills members of US Figure Skating – limited benefits)

Check # \_\_\_\_\_ \*\* Check Amount \_\_\_\_\_  
 \*\* Make check payable to NJFSC

As the member or parent/guardian, I/we fully understand the hazards associated with ice skating and do hereby Release the *North Jersey Figure Skating Club* from any liability or claim for injuries or damage that may occur at any events or practices sponsored by the *North Jersey Figure Skating Club*.

Member: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

(Signature required if member is under 18 years of age)

Print Name of Parents/Guardians \_\_\_\_\_

**Return to:** North Jersey Figure Skating Club, c/o Fran Schultz, 280 Main St., #410, Little Falls, NJ 07424 [fschultz@optonline.net](mailto:fschultz@optonline.net)  
 973-890-5893. Need Info.? Contact: Rick Breitweiser [rfskate@optonline.net](mailto:rfskate@optonline.net); [www.northjerseyfsc.org](http://www.northjerseyfsc.org). Club Phone: 201-358-6581

**Review web site and brochure for membership benefits**

**NOTE: IF YOU ARE MOVING TO STANDARD TRACK USFS TEST OR COMPETE (PRE-PRELIMINARY AND ABOVE) YOU MUST BE A NJFSC FULL MEMBER (full membership application must be completed)**