Palouse Hills Skating Club
2009/10 Membership Registration

Welcome to the Palouse Hills Skating Club! Please fill out the form below completely and mail it in to the PHSC by the USFSA registration deadline of Sept 1st. Dues for the Palouse Hills Skating Club include enrollment in the United States Figure Skating Association. Enrollment entitles you to: test and compete at USFSA-sponsored test sessions and competitions, receive a full-year subscription to SKATING magazine, and receive certificates of accomplishment for passing tests and placing at USFSA qualifying events. Membership also includes lifetime record keeping of all your testing accomplishments and upper-level competitions and also enrolls you in the USFSA's sports-accident insurance policy. The USFSA Membership year runs July 1 to June 30. Note: nearly all US and Canadian rinks require enrollment in a figure skating association in order to skate on figure skating sessions so bring your USFS card with you when you skate at other rinks.

The information on this form is important to the safety of our skaters. We need emergency information and any instructions you feel are pertinent for you or your child to receive the best emergency care should the need arise. Other than the member's name, phone number, address and birth date, this information will not be available to the general membership. If you do not wish to have your phone and/or address published in a directory please note at the end of this form. The information on this form will be available to the coaches, Palouse Ice Rink management, membership chairman, and testing chairman for official use only.

Applicant

Please circle one: *First Family Member* *Subsequent Family Member* *Associate Member*

Gender: *Male* *Female* U.S. Citizen: *Yes* *No* Previous membership number or Club: _____

_____ ____ _____ _____ _____ _____
First Name M.I. Last Name Birth Year Month Day

_____ _____ ____ _____
Street Address City State Zip

_____ _____@_____
Name of Parent or Responsible Party (please circle which) Email

_____ _____ _____
Home phone Cell phone Work phone

Emergency Information

_____ _____ _____ _____
Emergency Contact Person Emergency Phone Medical Insurance Company Number

_____ _____ _____
Physician's Name Phone Hospital of Choice

_____
Coach(s)

Primary Activity (circle one)

Parent/Guardian Coach Competitive Skater Recreational Skater Club Officer/Board Member

Your Interests (please circle any that interest you)

Competing Testing Synchronized Skating Recreational Skating Fund Raising Club Official/Board Member

Judging Ice Dancing Pairs Skating Art/Decorating Skating Music

Dues

Palouse Hills Skating Club and USFSA membership:

Volunteering Club Member: $50 Non-Volunteering Club Member: $100 Subsequent Member: $25
Associate Member: $100

** Subsequent members are defined as parents or dependent children up to age 21, living at home or attending school.*
** Volunteering Club Members are required to donate 10 hours of volunteer time to club activities.*

Please make checks payable to: PHSC

Please mail by September 1st to: PHSC
P.O. Box 8293
Moscow, ID 83843

Include skater in the membership directory: *Yes No* _____ _____
Signature Date

Addition Information (continue below if necessary)