

THE SKATING CLUB OF HINGHAM

P.O. Box B, Accord, MA 02108

Telephone: 781-261-9716 Email: skatingclubofhingham@gmail.com



2011-2012 Collegiate Membership Application

Name of candidate for membership: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ DOB: _____

***Email address of member: _____

College you will be attending: _____

Date you will be enrolled: _____

USFS Number: _____

Highest USFS Moves Passed: _____

Highest USFS Freestyle Passed: _____

ISI Membership Number: _____

Highest ISI Levels Passed: _____

If under 18:

Parent/Guardian Name/s: _____

Parent's Signature: _____

***Parent/Guardian Email Address: _____

List the name of your coach/s: _____

Collegiate membership is only available to those student athletes attending college. All collegiate memberships must be registered thru a USFS club and are good for one four year period only and can not be renewed.

Collegiate Member's Signature: _____

Collegiate Membership \$75.00 _____

Registered on: _____ Expires on: _____

PLEASE EXECUTE THE AGREEMENTS ON THE OPPOSITE PAGE

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that for and in consideration of the granting of permission to use any or all of the facilities, programs, equipment, etc. of the Skating Club of Hingham (SCH), Inc., I do hereby indemnify and hold harmless the SCH, the Mark Bavis Arena (Inside the Mass Sports Club)(MBA), their directors, officers, members, employees, agents, legal representatives, successors and assigns, of and from all liability, expenses, costs, damages and/or losses of any kind arising out of injuries to any person or persons (including death) or damage to any property of any kind whatsoever in connection with the use of the facilities, programs, equipment, etc. of the SCH, and/or the MBA, which against the SCH, the MBA , their directors, officers, members, employees, agents and/or legal representatives, their successors and assigns, any person ever had, now has or which the successors and assigns of such persons or any other persons hereinafter can, shall or may have for and by reason of cause, matter or thing whatsoever from the beginning of the world to the date of these presents and forever thereafter.

FINANCIAL OBLIGATIONS

Anyone with an outstanding indebtedness to the SCH at the time of this application will not be allowed to renew membership or reserve ice until ALL past due balances are cleared. Invoices are due upon receipt. All invoices are in arrears on the first day of the month following the date of an invoice and may be assessed a finance charge of 1½% (minimum of \$5.00) of the outstanding balance per month. Any checks returned by your bank for any reason are subject to a \$25.00 service charge plus whatever bank fees may be required. If more than one check is returned during any skating season, an alternate form of payment may be required.

CONTRACTING REQUIREMENT

****Please note that a Collegiate membership can only be done once and is good for four (4) years and can not be renewed.****

DEPOSIT DUE: THE MEMBERSHIP FEE IS DUE AS A DEPOSIT WITH THIS APPLICATION

MEDICAL RELEASE AGREEMENT

In times of medical emergency, if the SCH is unable to reach a parent or guardian, I hereby grant the Skating Club of Hingham permission to obtain required “Emergency Medical Treatment” on my behalf. I do hereby indemnify the SCH and those individuals so acting in my best interest from any loss per the provisions of the agreement as detailed in the section above. This release remains in effect for the duration of my membership in the Skating Club of Hingham unless cancelled by me in writing.

Emergency Telephone Number: () _____
Contact: _____

Emergency Telephone Number: () _____
Contact: _____

IN WITNESS WHEREOF, and intending to be legally bound hereby, I have executed these Agreements this ___ day of _____, 2011.

Signature: Parent or Legal Guardian if not of legal age.