

THE SKATING CLUB OF HINGHAM

P.O. Box B, Accord, MA 02108

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



New _____
Renewal _____
Membership Change _____

2011-2012 Junior Membership Application

Name of candidate for membership: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ USFS Number: _____

Will SCOH be your home club? Yes ___ No ___ If not, what club? _____

DOB: _____ ***Parents email address: _____

Highest USFS Tests Passed: Moves _____ FS _____
Pairs _____ Dance _____ Basic Skills _____

ISI Membership Number: _____

Highest ISI Levels Passed: _____

If under 18:

Parent/Guardian Name/s: _____

***Parent/Guardian Email Address: _____

List the name of your coach/s: _____

If this is an initial membership application, the sponsoring professional must complete the following section:
I certify that the above named applicant has demonstrated a degree of "skating ability" and "risk sense" so as not to present a safety hazard to themselves or to any other individual(s) with them on the ice.

Professional Staff Member Signature: _____

Applicant and/or parent agrees to abide by all the provisions as set forth in the bylaws of the USFS, The Skating Club of Hingham, the "Rules and Regulations" of the Skating Club of Hingham, as well as all additional rules in effect during the term of the membership.

Applicant's Signature: _____

Parent's Signature: _____

Junior Membership \$ 75.00 _____

Junior Membership (2 Skaters) \$125.00 _____

Junior Membership (3 Skaters) \$175.00 _____

PLEASE EXECUTE THE AGREEMENTS ON THE OPPOSITE PAGE

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

KNOW ALL PEOPLE 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 Complex,(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.

USFS BASIC SKILLS PROGRAM - SKATE WITH US REQUIREMENT AGREEMENT

I understand that one of the requirements of my continued membership in the SCOH requires that I provide as many hours of service to the program as the SCOH program guidelines require. I understand that I will not be compensated for this service and that this service DOES NOT count as service against the requirements of the SERVICES REQUIREMENT AGREEMENT detailed below.

SERVICES REQUIREMENT AGREEMENT

I understand that my continued membership in the SCOH is contingent on the fact that I (and/or an adult family member) provide at least a total of twenty (20) hours of service in support of the programs and activities of the SCH during this membership period (July 1, 2011 through June 30, 2012). I understand that should I fail to provide the required number of hours that my membership may not be renewed in favor of a member who will provide the required support.

FINANCIAL RESPONSIBILITY AGREEMENT

Monthly ice bills are due no later than the 15th of every month. Anyone with an outstanding indebtedness to the SCOH 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 16th 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 and the SCOH reserves the right to request a "Cash Only" payment from said family. *Skaters who owe money to the SCOH will not be allowed to skate until said ice bill is paid.*

If ice bill is not paid by the 15th of said month, the Skating Club of Hingham is authorized to withdraw that month's overdue bill amount from my credit card.

Credit Card Authorization

I hereby give the Skating Club of Hingham authorization to charge my credit card the remainder of any monthly ice bill which has not been paid by the 15th of each month per my contract year.

Name on Card _____

Visa / MasterCard Number on Card _____

Expiration Date _____ 3 Digit Security Number *located on the back of the card* _____

Signature of person on card/responsible party _____

Any member currently under an "Ice Contract" who wishes to change their "Home Club" from the Skating Club of Hingham is advised that the entire remaining balance of their existing "Ice Contract" must be paid in full prior to any authorization to transfer "Home Club" status from the Skating Club of Hingham is approved. Furthermore, any member under "ice contract" is responsible to pay the "ice contract" for the entire skating season, even if for some reason they decide not to skate for any portion of the skating season.

MINIMUM CONTRACTING REQUIREMENT

All Junior Members MUST contract a minimum of one (1) ice session per week and will be billed monthly. FULL DEPOSIT IS DUE WITH SUBMISSION OF THE JUNIOR APPLICATION BY JUNE 26th.

MEDICAL RELEASE AGREEMENT

In times of medical emergency, if the SCOH 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 SCOH 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: _____

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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.