

PROSPECT PARK FIGURE SKATING CLUB

WOLLMAN RINK 2009-10 SEASON & MEMBERSHIP APPLICATION

DECEMBER 6, 2009 TO MARCH 14, 2010

REGISTRANT INFORMATION

NAME: _____

ADDITIONAL FAMILY MEMBERS:

NAME(S): _____

ADDRESS: _____

HOME TELEPHONE NO.: _____

EMAIL ADDRESS: _____

RATES, SESSION TIME & PAYMENT:

INDICATE # BELOW:

SUNDAY SESSION 8:00 AM - 9:30 AM (14 sessions, 12/6-3/14, except 12/27)

Individual	\$210 _____
Each additional family member	\$195 _____

PPFSC MEMBERSHIP FEE

Individual	\$50 _____
Each additional family member	\$30 _____
Associate Member (See below)	\$10 _____

NEW MEMBER DISCOUNT (10%) \$ _____

TOTAL ENCLOSED \$ _____

____ I am interested in private lessons and would like you to recommend an instructor.
(Note that there is an extra fee for lessons.)

WALK-ON

\$20/session

IF YOUR USFSA MEMBERSHIP IS THROUGH ANOTHER CLUB, YOU MAY BE AN ASSOCIATE MEMBER OF THE PPFSC FOR A \$10 FEE. IF SO, PLEASE COMPLETE:

USFSA NO.: _____

PRINCIPAL CLUB: _____

Please make your check payable to Prospect Park FSC and send to:

**Lois Resnick-Silverman
350 4th St
Brooklyn NY 11215**

For more information, see www.prospectparkfigureskatingclub.org or call Lois at (718) 768-1087.

CLOSING PROCEDURE:

Rink closings will be posted on the website (www.prospectparkfigureskatingclub.org) We can call you if you would like, but remember that this will involve your receiving a call at 7:00 on Sunday morning. Check below if you would like to be called and make sure you telephone number above is legible.

___ Yes. Please call me if the session is cancelled.

AGREEMENTS

ALL ADULT MEMBERS must sign the following agreements; minors must have a parent or other legal custodian sign on their behalf:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of the Prospect Park Figure Skating Club, Inc.'s acceptance of this application, I hereby waive and release any and all rights and claims for damages I may have against the Club, the Officers of the Club, and the Department of Parks, City of New York for any and all injuries that may be suffered by me at any club event.

I represent that I understand the nature of figure skating activities ("Activity") and that I am qualified, in good health and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I full understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activity, the conditions of which the Activity takes place, or the negligence of the Releasees named below and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue the Prospect Park Figure Skating Club, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and applicable, owners and lessors of premises on which the Activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused on whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damages, or cost which any may incur as the result of such claim.

The Prospect Park Figure Skating Club has the right, but not the obligation, to provide rules, regulations, and/or ice monitors for Club Ice. We thereby acknowledge that the Prospect Park Figure Skating Club shall not be responsible for the supervision of the Members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, not withstanding, shall continue in full force and effect.

PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS, each of the Releasees from any litigation expenses, attorney's fees, lost liability, damages, or costs any Releasees may incur as the result of any such claim.

Check here if no children are skating as parental consent and indemnification agreement is not applicable.

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Prospect Park Figure Skating Club and the facilities that activities are taking place and their staff and to members of the Prospect Park Figure Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

SIGNED:

_____	_____	_____
PRINTED NAME	SIGNATURE	DATE
_____	_____	_____
PRINTED NAME	SIGNATURE	DATE