

MEMBERSHIP CATEGORIES 2009 – 2010

FULL MEMBERSHIP - \$80.00 – A full member is a skater who holds their USFS registration with the Wooster Figure Skating Club and recognizes WFSC as their home club. Full membership includes the following:

- USFS membership
- Skating Magazine
- Required to purchase ice sessions as specified
- Priority drop-in at club sponsored skating sessions
- Voting Rights

ALL members of the Wooster Figure Skating Club (except Associate Members) have voting rights, if the member is under 18 years of age, the parent or guardian who signs the membership packet will be entitled to a vote on their skaters behalf.

If you already hold an individual membership, your membership needs to be transferred to the WFSC in order to be a WFSC full club member. \$30.00 will be deducted from the \$80.00 membership fee. Forms are available on the club website.

FULL MEMBERSHIP, 2ND AND SUBSEQUENT FAMILY MEMBER - \$55.00– same as full membership except no Skating Magazine.

FULL MEMBER, I-Skate LTS Participant -\$55.00 – For a skater who is enrolled in the I-Skate Learn to Skate program who also wishes to join the Wooster Figure Skating Club. Includes same as full membership. This member will pay for club specified ice at the member rate.

FULL MEMBER, NON-SKATING - \$45.00 – For a parent or guardian, community member or a member of the Board of Directors who is a non-skater. Includes membership with USFS.

HOME CLUB PROFESSIONAL MEMBER - \$45.00 – For coaches who choose WFSC as their home club for USFS membership. This member will pay for club specified ice at the member rate.

ADULT FULL MEMBER - \$80.00 – For skaters 25 years and older who wish to be a member of WFSC. This member will pay for club specified ice at the member rate.

ASSOCIATE MEMBERSHIP - \$45.00 – An associate member has their USFS membership through another club and does not consider the Wooster Figure Skating Club their home club. As required by USFS, an associate member may neither vote nor hold club office. This member will pay for club specified ice at the member rate.

ASSOCIATE PROFESSIONAL MEMBER - \$30.00 – For coaches who are a USFS member through another club and do not consider the WFSC their home club. They may not vote nor hold club office. This member will pay for club specified ice at the member rate.

**WOOSTER FIGURE SKATING CLUB
MEDICAL EMERGENCY INFORMATION
2009-2010**

Skater's Name _____ Parent(s) or Guardian(s) _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____ Other phone _____

Person to contact in an emergency if parent or guardian cannot be reached:

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State _____ Zip _____

Physician information – please list name, phone and address

Dentist information – please list name, phone and address

Please list any known allergies, medical conditions, medications being taken, or physical impairments to which a physician should be alerted.

Does your child have health insurance? NO ____ YES ____

Insurance company _____

Group # _____

Policy # _____

Please sign releases on the next page

MEDICAL AUTHORIZATION
(Complete either Part 1 or Part 2)

Part 1 – To Grant Consent

Dear Parent or Guardian,

The purpose of this consent form is to enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured during a Wooster Figure Skating Club session, when parents or guardians cannot be reached.

In the event reasonable attempts to reach me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by

Dr. _____ (preferred physician)

Dr. _____ (preferred dentist),

Or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and the transfer of the child to

_____ (preferred hospital) or any hospital reasonably accessible.

Parent/Guardian signature: _____

Date: _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists/orthodontists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date of last tetanus shot ____ / ____ / ____

Part 2 – Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Wooster Figure Skating Club and its representatives to take no action or to: (please be specific)

Parent/Guardian signature _____ Date: _____

CONFLICT RESOLUTION POLICY WOOSTER FIGURE SKATING CLUB

Any member or members having complaint against another member or members for the infraction of any bylaw, rule, policy or procedure of the Club, other than skating rules, may report the complaint in writing to the Board of Directors. The complaint shall set forth the facts of the case, together with the names of witnesses, if any. Upon receiving such complaint, the Board shall follow the procedure outlined below.

Procedure

1. The Complainant and Respondent are encouraged to make a reasonable attempt to resolve the complaint/conflict between themselves.
2. Complainant(s) may submit in writing to the Board of Directors the facts of the case, together with the names of witnesses, if any. The complaint may not be discussed in private conversation or communications in any way which may further complicate the resolution of the complaint.
3. Upon receipt of the complaint, the Board will acknowledge in writing receipt of the complaint and include a copy of the Conflict Resolution Policy. The Complainant shall advise the Board in writing whether or not they wish to pursue the complaint.
4. If the complainant wishes to pursue the complaint, a copy of the complaint shall be mailed by the Board to the Respondent, along with a copy of the Conflict Resolution Policy.
5. The Respondent must respond to the complaint in writing to the Board within two weeks of receipt of the complaint.
6. An investigating committee of at least two board members shall be formed to investigate the complaint. Members of The Investigating Committee must not be personally involved in the complaint or biased towards the Complainant or Respondent. The Investigating Committee shall interview the Complainant, the Respondent and appropriate witnesses.
7. If deemed necessary, the full Board shall schedule a hearing to further investigate the complaint. All parties involved, including the Complainant, Respondent and witnesses shall have the opportunity to be heard by the Board and will be informed in writing of the hearing and will receive copies of the written complaint.
8. All statements made by the Complainant, the Respondent and witnesses and evidence reported at the hearing shall be put in writing and filed with the Secretary. Copies shall be given to all parties involved.
9. In executive session, the Board will make recommendations regarding the complaint. The recommendation(s) shall be submitted in writing to the Complainant and the Respondent and will outline reasons for the recommendation(s).
10. If the Complainant and Respondent accept the recommendations and the complaint is resolved, the Board of Directors shall follow up with the Complainant within one month following resolution of the complaint to ensure there are no ensuing complaints.
11. If the recommendations are not accepted by either the Complainant or Respondent, they must follow guidelines set forth in Article XXVII, Section 3, of the USFS bylaws.

Wooster Figure Skating Club Photo/Video Release Form

I hereby give permission for images of myself and/or my child under the age of 18 years to be captured during regular and/or special skating activities through video, photo and digital camera, to be used for publicity for WFSC/ WSA events. This would include, however not be limited to, newspaper publications, fliers, and professional videos and photos that may be offered to parents for purchase.

_____ We/I give permission for my name or my child skater's name to be listed with photo for newspaper publication.

_____ We/I *do not* give permission for my name or my child skater's name to be listed with photo for newspaper publication.

Skater's name: _____
please print

Parent/Guardian name: _____
please print

Parent Signature: _____

Date: _____

Waiver and Release, Assumption of Risk and Parental Consent and Indemnity Agreement

In consideration of my minor child being permitted to participate in any way in United States Figure Skating and the Wooster Figure Skating Club sponsored Activities ("Activity"), I agree:

1. I understand the nature of U.S. Figure Skating and Wooster Figure Skating Club activities and the Minor's experience and capabilities and believe the Minor to be qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

2. I fully understand that: (a) U.S. Figure Skating and Wooster Figure Skating Club Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses 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 incurred as a result of the Minor's Participation in the Activity.

3. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless the Wooster Figure Skating Club, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if 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 the minor's account caused or alleged to be 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 Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

I have read this agreement, fully understand it's terms, understand that I and the minor have given up substantial rights by signing it 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 that the balance, notwithstanding, shall continue in full force and effect.

Name of Minor Child (Please print)

Signature of Parent or Legal Guardian

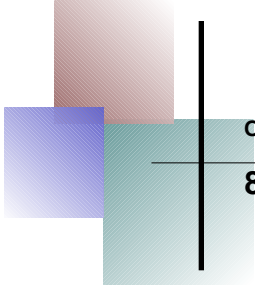
Signature of Witness

Date

Printed Name of Parent or Legal Guardian

Printed Name of Witness

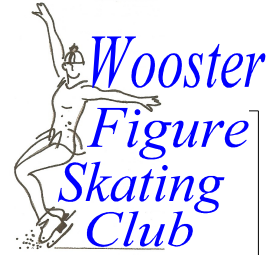
Address



OPERATING OUT OF THE ALICE NOBLE ICE ARENA

851 OLDMAN RD, WOOSTER, OHIO 44691

October 20, 2008



PARENTS/GUARDIANS:

PLEASE COMPLETE THE FORM BELOW AND RETURN TO JOANNE CLAYTON, CLUB SECRETARY, AT YOUR EARLIEST CONVENIENCE.

NAME: _____

ADDRESS: _____

TEL NO.: HOME _____ CELL: _____

EMAIL: _____

SKATER'S NAME(S) _____

LEVELS COMPLETED: _____

PLEASE ADVISE US OF ANY SPECIAL INTERESTS, TALENTS OR CONTACTS YOU HAVE THAT YOU WOULD BE WILLING TO SHARE WITH THE CLUB. THIS INFORMATION WILL HELP US IN KNOWING WHO TO CONTACT WHEN WE NEED HELP WITH FUNDRAISING OR THE PLANNING OF SKATING PERFORMANCES/SHOWS.

AS YOU ARE AWARE ALL CLUB MEMBERS ARE REQUIRED TO HELP WITH FUNDRAISING.
THIS FUNDRAISING OFFSETS THE COST OF ICE THAT THE CLUB PURCHASES.
THIS PROCESS MAKES THE COST OF SKATING MORE AFFORDABLE FOR ALL OF OUR MEMBERS.
IF WE ARE UNABLE TO RAISE SUFFICIENT FUNDS TO PAY THE ICE BILL, MEMBERS MAY BE
REQUIRED TO PAY AN ADDITIONAL FEE TO COVER ANY REMAINING ICE COST.