

Skating Club Of Bridgewater: 2011-2012 Member Application

Skater Name:	Birth Date:	Sex (M/F):
Address:	Mother's Name:	
City, State, Zip:	Mother's Cell:	
Telephone:	Father's Name:	
Fax:	Father's Cell:	
Email Address for Club Web Communications:	Coach Name(s):	
Do you have a current U.S. Figure Skating/ Basic Skills number? ____ Yes, Please fill in # _____ Exp. Date: _____ ____ No, I need to have a number assigned to me.		
If you currently belong to another skating club please fill in club name below:		
Please indicate skaters highest test passed below:		
Basic Skills /ISI Level:	USFS Freestyle:	
USFS Move in the Field:	USFS Dance:	

May we publish the above information in our S.C.O.B. handbook? ____ Yes ____ No

Permission to publish: In permitting the skater to participate, I am specifically granting permission to use the name, likeness, voice and words of the skater in newspapers, SCOB website, friend finder, and other media and in any form not heretofore described for the purpose of advertising or communicating the purpose and activated of SCOB. I the undersigned have read and understood the provisions of the above releases and have explained them to the skater. I hereby agree that I and said skater will be bound thereby.

Skater Signature if over 18 or Parent/Guarding Signature

Date

Membership Selection:

	Full SCOB/USFS	Associate SCOB	Basic Skills SCOB
First Family Member	\$100.00 _____	\$85.00 _____	\$50.00 _____
Second Family Member	\$50.00 _____	\$45.00 _____	N/A
Coach	\$50.00 _____	N/A	N/A

Please make checks payable to SCOB.

Return form & payment to:

SC of Bridgewater
1425 Frontier Road
Bridgewater, NJ 08807

membership@scob.org