



Membership Application (7/1/11 – 6/30/12)

Skater/Member Name _____ Date of Birth _____

Type of Membership: Adult Junior Associate Basic Skills

Parent's/Guardian's Name () _____	Parent's/Guardian's Name () _____
Home Phone _____	Cell Phone _____

Address _____

City, ST ZIP Code _____

Primary Emergency Contact () _____	Secondary Emergency Contact () _____
Home Phone _____	Cell Phone _____

Hospital/Clinic Preference _____

Physician's Name _____	Phone # _____
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Dentist's Name _____	Phone # _____
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Insurance Company _____	Policy Number _____
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Allergies/Special Health Considerations _____

____ I hereby grant and assign the Tri- State Toe Picks FSC the right to use the likeness of (Skater's Name) _____ by photography and otherwise, on its web site and publications from time to time without further authorization, or until I notify the President of the Tri-State Toe Picks FSC in writing to cease the use of the Minor's likeness.

____ I do not give Tri-State Toe Picks FSC the right to use the likeness of (Skater's Name) _____ by photography and otherwise, on its web site and publications from time to time without further authorization, or until I notify the President of the Tri-State Toe Picks FSC in writing to cease the use of the Minor's likeness.

____ I have read the Tri-State Toe Picks FSC Parent and Skater Agreement and understand that violation of these rules will mean skating privileges could be suspended. I agree to abide by the Tri-State Toe Picks FSC rules.

Skater Signature _____	Date _____
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Parent/Guardian Signature _____	Date _____
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Mail To:
Tri-State Toe Picks F.S.C.
P.O. Box 374
Onalaska, WI 54650

As a cost saving measure, we use email for communications. Please provide your email address. It is your responsibility to check your email on a regular basis.

 List Email Address ↑

5-23-2011