

TRI-STATE TOE PICKS



Membership Application (7/1/09 – 6/30/10)

Type of Membership:

Skater/Member Name _____ Date of Birth _____ Adult _____ Junior _____
Basic Skills _____ Associate _____

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

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

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

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

____ I hereby grant and assign the TTP 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 TTP in writing to cease the use of the Minor's likeness.

____ I do not give TTP the right to use the likeness of (Skater's Name) _____
I have read the TTP Parent and Skater Agreement and understand that violation of these rules will mean skating privileges could be
suspended. I agree to abide by the TTP rules.

Skater Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Mail To:
Tri-State Toe Picks F.S.C.
1303 Ridgeway Avenue
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 ↑

8/14/09