

**The Skating Club of Wilmington's
NEW MEMBERSHIP APPLICATION FORM**
Please **print** clearly and fill out completely

Name:

| | | | | |
|-----------|-------------|------------------|--------------------------------------|-----------------------|
| Dr | Mrs. | Last Name | Legal First Name (and spouse) | Middle Initial |
| Mr | Ms | | | |

Home Address:

| | | | |
|---------------|-------------|--------------|------------|
| Street | City | State | Zip |
|---------------|-------------|--------------|------------|

E-mail address: * _____

*By providing your email address, you agree that SCW may provide you, by electronic mail, notices required by law and by SCW's governing documents.

Member:

Spouse/Other:

Home Phone: (_____) _____

Work Phone: (_____) _____

Mobile Phone: (_____) _____ **Text? Y N** _____

Name of Skater(s): _____

Name of Coach(s): _____

Children in Household (under 21 years of age) and birth dates.

(1) _____ DOB _____

(2) _____ DOB _____

(3) _____ DOB _____

(4) _____ DOB _____

Additional: _____

ANNUAL DUES

_____ **Basic Skating Membership:** **\$200.00**
(includes 3 free sessions per year valued at \$42)

_____ **Social Membership (No Skating): Individual or Family** **\$100.00**

ANNUAL SCW MEMBERSHIP DUES

\$ _____ A

Please Check Membership Level:

_____ **Basic Member - Walk-on Fee of \$14.00/skater/session – book of 10 sessions @ \$140**

_____ **BRONZE MEMBER: 6 Sessions/Month at \$78 per month**

_____ **SILVER MEMBER: 14 Sessions/Month at \$170 per month**

_____ **GOLD MEMBER: 26 Sessions/Month at \$300 per month**

_____ **PLATINUM MEMBER: Unlimited – No Sessions Limit**

**Individual at \$550 per month
Unlimited Family at \$610 per month.**

UNLIMITED SKATING

TOTAL MONTHLY ICE FEES \$ _____ **B**

LOCKER RENTAL (Optional) \$100.00 Large
\$ 75.00 Small (Ladies only) \$ _____ **C**

Name(s) of Locker Renter(s) _____

Number(s) "on" Locker(s) you currently use _____

TOTAL AMOUNT DUE TO SCW ON SEPTEMBER 4, 2018
(A+B+C) \$ _____

If you pay annual ice usage fees in one installment, by September 10, 2018, you are entitled to a discount in an amount equal to 5% of the annual amount owed. This includes Ice Use Fees (Part B) only.

Adult Signature: _____ **Amount Enclosed:** _____ **Date:** _____

I (We) agree to comply with the rules and by-laws of the Club. (See SCW Handbook and Supplement).
I (We) understand that ice skating is a dangerous sport, and hereby waive any claims for damages sustained in the course of ice skating at the Skating Club of Wilmington.
I (We) understand that photos and videos may be taken of skaters and others at SCW during regular and special skating activities to be used for publicity for SCW, which may include SCW’s web site, and print and internet publications and media. I will notify SCW if I have any objection to having myself or a family member photographed, videotaped or identified.
I (We) hereby renew membership in SCW and have included the \$ _____ Member Annual Dues, plus, if applicable, the first month’s payment of any Ice Use Fees category chosen. This is a contract to pay \$ _____ each month beginning on September 1, 2017 through August 31, 2018. Any request for credit or downgrade must be made to the SCW Board of Directors.