

The Skating Club of Wilmington's
APPLICATION FOR NEW MEMBERSHIP

Please print clearly and fill out completely

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

Home Address: Street City State Zip

E-mail address: *

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

Member: Home Phone: () Cell/Work Phone: ()

Spouse: Home Phone: () Cell/Work Phone: ()

Children in Household (under 21 years of age) and birth dates: List legal name on the left, date of birth on the right

(1) _____ DOB _____ (3) _____ DOB _____

(2) _____ DOB _____ (4) _____ DOB _____

Check ICE USE FEES:

2015-2016 Annual Dues of \$200 for all members: (3 sessions included)

_____ Basic Member w/Walk-on Fee \$17 per session/ book of 10 for \$170

_____ 10 Sessions/Month @ \$160/Mo.; addtl. sessions @\$16 each.

_____ 20 Sessions/Month @ \$300/Mo.; addtl. sessions @\$15 each.

_____ Unlimited Individual @ \$550/Mo.

Note: Full payment of Annual Ice Use Fees in

_____ Social Membership (no skating) @ \$100 Annual Dues

September will receive a 5% discount.

_____ Synchro \$70 per mo. Sept. through April (\$560 Season)

Name(s) of family members who will be skating: _____

Business, professions, skills, interests of adult applicant(s): _____

Past association with SCW: _____ Public Session _____ Hockey _____ Public Lesson
_____ Guest _____ Summer School _____ Other

If applicable: Name(s) of coach(es) who will give private lessons: _____

Highest USFSA tests passed: Figure: _____ Free Skating: _____
Dance: _____ Pairs: _____
Moves in the Field: _____

Home Skating Club: _____ USFSA Number: _____

If you are transferring from another USFSA Club, please have a club officer or test chairperson send a letter indicating that you are a member in good standing at your home club.

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. I will notify SCW if I have any objection to having myself or a family member photographed, videotaped or identified.

I (We) hereby apply for 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. By submitting this application, I (We) agree to pay \$ _____ each month beginning on September 1, 2015 through August 31, 2016. Any request for credit or downgrade must be made to the SCW Board of Directors. Each payment is payable by credit card or check, in advance, no later than the 5th of the month.

Adult Signature: _____ Amount Enclosed: _____ Date: _____