

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

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

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) hereby apply for membership in SCW and have included the \$160 Member Annual Dues, plus, (if applicable) the first month's payment of any Ice Use Fees category (10, 20, 40, etc.) chosen.

I (We) agree to comply with the rules and by-laws of the Club (See SCW Handbook).

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. These images may be used for publicity for SCW, which may include SCW's website, print and internet publications, and media. In some instances, skaters are identified. I will notify SCW if I have any objection to having myself or a family member photographed, videotaped or identified.

Adult Signature: _____ Amount Enclosed: _____ Date: _____

(If printing off the internet, we suggest instructing the printer to print in landscape mode. You'll have a 2-page form that will look better and give you extra room to print.)