The Skating Club of Wilmington's APPLICATION FOR NEW MEMBERSHIP

Please **print** clearly and fill out completely

Name:	Dr. Mr. Mrs. Ms	Last Name	Legal First Name (and	Legal First Name (and spouse)			
Home A	Address:						
E-mail address		Street	Publish e- mail in Member	City		State	Zip
*			Directory? □ Yes □ No				
			ss, you agree that SCW nail, notices required by				
law and	l SCW's g	overning docum	ents.				
			Work Phone:		_		
Home P	Phone: S	pouse: ()	Work Phone:	()	Cellphone:	()	
		sehold (under 21 on left and birth	l years of age) and birth d iday on right:		th date(s) here:		
(1)			→	(1)			
(2)				(2)			
Check I	CE USE F	EES Category des	sired and indicate if Indiv			-	
10 20 40 Un	Sessions Sessions Sessions limited I	/Month @ \$132/ /Month @ \$236/ /Month @ \$350/ ndividual @ \$47	/Mo. /Mo.	(M) Multip(I) or(I) or(I) or(I) xxx	(M) (M) xxxxxxx		ndividu
Bas \$14/sk	sic Memb ater/sess	oer with Walk-on sion		-			
	•		10 sessions for \$140	. .			
		ent of Annual Ice members who w	Fees on September 1 will vill be skating:	receive a 5%	discount.		
Busines	ss, profes	sions, skills, inte	erests of adult applicant(s):		_	
Past ass	sociation	with SCW:	_ Public Session _ Guest	_ Hockey _ Summer Sch		- Public Less Other	son

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.

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

(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.)

Adult Signature: _____ Date: _____ Date: _____