

The Skating Club of Wilmington's
2019-2020 SYNCHRO MEMBERSHIP APPLICATION

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
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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:

Home Phone: (_____) _____

Work Phone: (_____) _____

Mobile Phone: (_____) _____

Spouse/Other:

Home Phone: (_____) _____

Work Phone: (_____) _____

Mobile Phone: (_____) _____

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

(1) _____ DOB _____

(2) _____ DOB _____

(3) _____ DOB _____

(4) _____ DOB _____

Additional: _____

ANNUAL DUES (if applicable)

_____ Basis Skating Membership: \$200.00
(includes 3 free sessions per year valued at \$45)

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

ANNUAL SCW MEMBERSHIP DUES \$ _____ A

Check Synchro Team/Membership Level (Sept-April):

 Snowplow Synchro 1 Synchro 2 Pre-Juv

Each Snowplow, Synchro 1 & Synchro 2 must be enrolled in Learn To Skate or purchase a skating package.

Each Pre-Juv member is required to purchase a Synchro White package (or higher). Upgrades to Synchro Black or a 12 month skating package which provides a comparable or higher number of sessions per month are optional.

Please inquire with the SCW office if a skating package will be shared by multiple Synchro team members. Minimum skating package requirements may apply based upon Synchro Level(s).

SYNCHRO White: Team practices plus 4 sessions a month

\$800 to be paid in 8 monthly installments of \$100 - available to all Synchro levels

SYNCHRO BLACK – Team practices plus 12 sessions a month

\$1560 to be paid in 8 monthly installments of \$195 - available to all Synchro levels

Please see the standard SCW Membership form for 12 month/non-synchro membership options

TOTAL MONTHLY ICE FEES* **\$ _____ B**
* synchro program fees are billed separately

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

Name(s) of Locker Renter(s) _____

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

TOTAL AMOUNT DUE TO SCW ON SEPTEMBER 1, 2019
(A+B+C) **\$ _____**

If you pay annual ice usage fees in one installment, by September 10, 2019, 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.

Note: Off-season Synchro Package cost of \$70 will be billed in May to all Synchro skaters. Covers Synchro team practices from May through August.

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, 2019 through August 31, 2020.

Any request for credit or downgrade must be made to the SCW Board of Directors.