

The Skating Club of Wilmington's
APPLICATION FOR NEW MEMBERSHIP

Please print clearly and fill out completely

Dr.
Name: Mr.

Mrs. Ms	Last Name	Legal First Name (and spouse)	Middle Initial
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Home

Address:	Street	City	State	Zip
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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:

2011-2012 Annual Dues of \$176 for basic members:

_____ Basic Member with Walk-on Fee of \$14/skater/session or purchase ticket book of 10 sessions for \$140

2011-2012 Annual Dues of \$160 for monthly session members:

_____ 10 Sessions/Month @ \$132/Mo.

_____ 20 Sessions/Month @ \$236/Mo.

_____ 40 Sessions/Month @ \$350/Mo.

_____ Unlimited Individual @ \$465/Mo.

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

Note: Full payment of Annual Ice Fees in September will receive a 5% discount.

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, 2011 through August 31, 2012. 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: _____