

# CONNECTICUT SKATING ACADEMY AT NEWINGTON, INC.

P.O Box 310378, Newington, CT 06111

Application for Membership, **July 1, 2013 – June 30, 2014**

New Member \_\_\_\_\_ Renewal \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ USFSA # \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_  
USFSA# \_\_\_\_\_

Address \_\_\_\_\_  
Street City/Town State Zip

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Prior USFSA Club Membership

Club Name \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

**Please circle correct membership:** 1st family member is \$125.00; each additional member is \$25.00. Each member over 18yrs has full voting rights. Each family member needs a separate form; one payment for all is accepted.

Membership Category (all fees include USFS membership)	Fee
<b>Senior Skater</b> (age 18 and older as of July 1, 2013)	\$125.00
<b>Junior Skater</b> (under 18 as of July 1, 2013)	\$125.00
<b>Subsequent Skater</b> Member from the Same Family	\$25.00
<b>Non-Skater</b> Parent/Guardian of Junior member	\$25.00
<b>Collegiate</b> (good for up to four years, may only use this option once). Must be attending a college during the membership year and show proof of student status	\$145.00
<b>Introductory membership (first year member other than basic skills)</b>	\$75.00
<b>Basic Skills Club Membership</b> – (Cannot test or compete outside Basic Skills Competitions) all other club benefits apply	\$25.00

**All members (other than Basic Skills) ages 16 and under must have a parent membership (\$25) in addition to the junior skater membership.**

## STATEMENT OF UNDERSTANDING AND RELEASE

We/I the undersigned applicant(s) for membership fully understand and agree that the Connecticut Skating Academy at Newington, Inc., ("the Club") and/or its officers, directors, employees, agents or volunteers assume no responsibility or liability for injuries or losses of any kind which may occur during activities sponsored or supervised by the Connecticut Skating Academy, Inc. In consideration of the acceptance of this application for membership, the undersigned waives any right, claim, or cause of action which may accrue to us/me against Connecticut Skating Academy, Inc., its officers, directors, employees, agents or volunteers by reason of any injuries or losses arising out of Club activities or the action/inaction of others attending or participating in a Club sponsored event or activity.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if applicant is under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Please make check payable to the Connecticut Skating Academy and forward to:**

Karin Tolisano

61 Cornish Drive

Newington, CT 06111 **For questions, contact Karin at [ktolisano@gmail.com](mailto:ktolisano@gmail.com)**

**(860) 665-1179**

Office use only:

Total paid \_\_\_\_\_

Check # \_\_\_\_\_