



## SportQuest Skating Academy Membership Form 2017-2018

Skater name: \_\_\_\_\_

Skater address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Skater personal cell (if applicable) \_\_\_\_\_ Skater personal Email (if applicable) \_\_\_\_\_

Do you want skater to receive club emails on their personal email? Yes \_\_\_\_\_ No \_\_\_\_\_

Check skater info that you want on club roster: Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

School name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Coach(es) at Parade \_\_\_\_\_

ISI Number \_\_\_\_\_ ISI Test Level Passed \_\_\_\_\_

USFS Number \_\_\_\_\_ USFS Tests Passed \_\_\_\_\_ USFS Home Club \_\_\_\_\_

*USFS membership available via Starlight Ice Dance Club, based at Parade Ice Garden. See starlighticedancelub.com*

### Family Information:

*For skaters younger than 18, complete this section. Change parent/guardian designations or add significant adults as appropriate.*

Parents/Guardian \_\_\_\_\_ Specify relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Primary Parent Cell phone \_\_\_\_\_ Additional parent cell \_\_\_\_\_

Primary email \_\_\_\_\_ Secondary email \_\_\_\_\_

*(We strongly recommend at least one personal email. Many corporate email systems flag as junk or block our emails with attachments. We are not responsible for important club material not being delivered to corporate email addresses. Please write legibly).*

**Annual Membership: All membership levels also include Ice Skating Institute (ISI) membership and membership in Parade Figure Skating Club (PFSC), our non-profit booster club. Membership year is from Sept 1, 2017 through Aug 31, 2018.**

**Emergency form with current information (dated after August 2017) is required. We will no longer make exceptions for skaters without a current emergency form. Ice privileges will be suspended until form is turned in.**

**Type & Dues:**  \$80 Regular - Represent SQSA Parade at ISI competitions, take ISI tests and have registered with ISI by SQSA Parade. ISI MEMBERSHIP INCLUDED \$80 First skater in Family (\$100 if paid after 10/1/17 for renewing members)

\$65 Associate - First skater in the family (\$85 if paid after 10/1/17) – members of other clubs who would like to contract, but do not represent SQSA Parade, or test at our facility.

\$55 Additional each additional skater in the family (\$75.00 if paid after 10/1/17)

**Partial year membership for new first time members joining after Jan 1, 2018:**

\$55 Regular (first skater in the family)

\$55 Associate Member (first skater in the family)

\$40 Additional Member (each additional skater in the family)

\_\_\_\_\_ **Total Due** Make checks to: SQSA Parade – 600 Kenwood Pkwy – Minneapolis MN 55403

**VOLUNTEER HOURS ARE REQUIRED WITH THIS MEMBERSHIP.** The policy is on the website under the “Membership” tab. I understand and agree to fulfill volunteer hours. Unsigned forms will be returned.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## SportQuest Skating Academy

I, \_\_\_\_\_, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment\*, which in his or her judgment may be deemed necessary in the care of:  
(\*Parents are responsible for all medical expenses incurred.)

Name of Skater: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicines currently taking: \_\_\_\_\_

Outstanding Medical History: \_\_\_\_\_

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number & Name of Subscriber: \_\_\_\_\_

Emergency Contacts: Please list name and phone numbers:

a) \_\_\_\_\_ tel including area code \_\_\_\_\_

b) \_\_\_\_\_ tel including area code \_\_\_\_\_

c) \_\_\_\_\_ tel including area code \_\_\_\_\_

Skater's Signature (18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if skater under 18)

### Waiver Declaration:

In consideration of the privilege of using Parade Ice Garden, and understanding that there are inherent risks in connection with this activity, I (we) hereby assume these risks, waive any possible claim that may arise against the facility(ies), SportQuest Skating Academy, Parade Figure Skating Club, and any of its employees, contractors, affiliated personnel, directors, officers, for any damages or injuries sustained in the course of the activity and I (we) agree to indemnify and save harmless and not to assert a claim or sue for any such.

Skater's Signature (18 or over) \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if skater under 18)