MIDWAY SPEEDSKATING CLUB
2011-2012 Membership Application

Name (L/F) _____ **Gender** _____ **BD** _____

USS # _____ **USS Exp** _____ **Class** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home # _____ **Cell #** _____ **Email** _____

Mother _____ **Home #** _____ **Cell #** _____

Work # _____ **Email** _____

Father _____ **Home #** _____ **Cell #** _____

Work # _____ **Email** _____

In becoming a member of Midway Speedskating Club:

I agree that I am not eligible to skate for, or to be a member of any other speedskating club.
I agree to work only with Midway Speedskating Club assigned and/or approved coaches at meets, training sessions, practices or camps, for which Midway Speedskating Club provides coaching.
I agree to communicate and work with the Midway Speedskating Club coaching staff.
I agree to wear my Midway Speedskating Club uniform at any ASU meet in which I will receive funding from the club and to return to the club the skin and jacket issued to me in clean, usable condition or to be held liable for the value of the same.
I agree to honor and follow all the rules and regulations set up by the club.
I agree to represent the Midway Speedskating Club in an honorable, competitive manner at all times, and to participate in skating meets sanctioned by the club or by the Greater Minnesota Skating Association.
I agree not to hold Midway Speedskating Club or any of its members liable for any personal injuries I may received while representing the club.
I agree to attend practices and coach-directed training programs.
I agree to abide by the Midway Speedskating Club code of conduct.
I agree to allow my photograph to be used in promotional materials for the Midway Speedskating Club.

_____ _____ _____

Date Skater Signature Parent/Guardian(if skater is < age 18)

All skaters' membership will be reviewed annually.

Medical Insurance Information:

I, the undersigned, am the parent having legal custody of _____, a minor, who resides with me. I authorize any of the coaches of the Midway Speedskating Club to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician or surgeon, and to consent to any X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by any licensed dentist.

_____ _____/_____/_____

Signature of Parent or Guardian Date

Insurance Co _____

Policy Number _____ **Policy Holder Name** _____

Dues Paid