



# 2018-2019 Membership Application

For Coaches



Please check one:  Renewing member USFSA# \_\_\_\_\_  New member

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian Name(s) if under age 18: \_\_\_\_\_

Cell phone Number: \_\_\_\_\_ Alternate phone Number: \_\_\_\_\_

| Type of membership                          | Annual Membership Fee            | Description – See membership policy for full description by category   | Check one |
|---|----------------------------------|--|-----------|
| Professional Membership – CFSC home club    | \$140 includes USFSA fee         | CFSC home club skating instructor or guest pro who wishes to skate for development. Coach must be actively coaching at CFSC for the 2018-2019 season to qualify for this type of membership.     |           |
| Professional Membership- Non CFSC home club | \$75 does not include USFSA fees | Non CFSC home club Skating instructor or guest pro who wishes to skate for development. Coach must be actively coaching at CFSC for the 2018-2019 season to qualify for this type of membership. |           |
| Synchronized Team Membership                | \$115 includes USFSA fee         | For CFSC home club skaters who only wish to participate on a Synchronized skating team. Offers a benefit of \$10 reduced walk on fees for open ice sessions.                                     |           |
| Coach Membership                            | \$65 Includes USFSA fee          | For any coach who wants to join USFSA as a CFSC home club member.  |           |

I understand that this application must be approved by the Camillus Figure Skating Club Board of Directors and I agree to abide by the CFSC Bi-Laws and Codes of Conduct. I understand the conditions and benefits of the membership category I have chosen as outlined in the CFSC membership policy.

I grant permission for CFSC to take photographs during the 2018-2019 season. These photographs would be used for publicity, advertising and web contact. Skater's individual names will not be used without explicit permission.

\_\_\_\_\_  
Signature of Applicant (Parent/Guardian if applicant is under 18)

\_\_\_\_\_  
Date:

Amount Due from chart based on membership type: \_\_\_\_\_

Please make checks payable to CFSC

Please fill out this application and forms attached and mail the completed membership application package to:  
Gary Krudys  
226 Feldspar Dr.  
Syracuse, NY 13219

**Coaches will not be registered with USFSA until their entire packet has been submitted (no exceptions).**

**Check List:**

- Signed Membership Application
- Signed Liability Waiver/Medical Form
- Signed SafeSport Statement/U.S. Figure Skating Code of Conduct
- Signed CFSC Rules of Etiquette
- Signed CFSC Skating Code of Conduct
- Signed CFSC Parent Code of Conduct (if coach is under the age of 18)
- Check made payable to CFSC