



2019-2020 USFSA RENEWAL

For CFSC Home Club Members



Renewing Member USFSA# _____

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: _____

I understand that this is only the USFSA renewal and that CFSC membership fees will be in addition to this amount. I understand that my membership application must be approved by the Camillus Figure Skating Club Board of Directors and I agree to abide by the CFSC By-Laws, Code of Conduct, Rules and Etiquette, and USFSA SafeSport Code of Conduct.

I grant permission for CFSC to take photographs during the 2019-2020 season. These photographs would be used for publicity, advertising and web content. Skater's individual names will not be used.

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

Date:

USFSA Renewal Fees:

\$65 per skater

\$25 for each additional skater in same household

\$70 for collegiate (good for 4 consecutive years per USFSA)

Amount Enclosed: _____ **Please make checks payable to CFSC**

Please fill out this application and forms attached and mail the completed package by June 25, 2019 to:

Camillus Figure Skating Club, P.O. Box 374, Camillus, NY 13031

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

Check List:

____ Signed USFSA Renewal Application

____ Signed Liability Waiver/Medical Form

____ Signed CFSC Rules of Etiquette

____ Signed SafeSport Statement/U.S. Figure Skating Code of Conduct

____ Signed Skater & Parent Codes of Conduct

____ Check made payable to CFSC