



Teaching Professional Members
July 1, 2009 - June 30, 2010

For Club Use:	
Date Recd:	_____
Date Approved:	_____
Date Notified:	_____

Membership Information

Please submit the following items to apply for membership as a **COACH** in the Figure Skating Club of Madison:

- Completed Membership Application
- Completed and signed Participant Liability Waiver
- Current Certificate of Professional Liability Insurance (required before able to coach on club ice)
- Completed Volunteer Form (optional)
- Payment check (no cash please.)

- Return membership applications to the Membership Chair, Kathy Harrington, using rink folders.
- If you are joining after the annual membership drive in June of each year, please see the chart online for pro-rated membership fee amounts.
- Any questions, contact Kathy Harrington at harringtonmk@sbcglobal.net

Select Membership Type: _____ **First Club Teaching Professional Membership**
 _____ **Second Club Teaching Professional Membership**

Teaching Professional Membership

Last Name	First Name	MI	Preferred Name	Gender	Date of Birth	US Citizen?
				Male Female		Yes No
Street Address		City	State	Zip	E-mail <i>(please write clearly)</i>	
Work Phone	Home Phone	Cell Phone	PSA #	PSA Ranking	USFS #	
Freestyle Level	# Years Coaching Experience					

Complete question only if applying for Second Club Teaching Professional Membership

Home Club Name	Home Club City and State	Home Club President Name	Home Club Pres. Phone #

Membership Type	Note	Amount Due	
Teaching Professional Dues (First or Second Club)	Note: Descriptions of membership types are outlined on our website at www.fscmadison.com .	\$40.00	
USFS Coaches' Registration is done directly by the coaching member at usfigureskating.org Please circle your insurance option.	<ul style="list-style-type: none"> • Circle Option A if you are a current PSA member with general liability Insurance through PSA or elsewhere with limits of \$1 million per occurrence/\$5 million aggregate. • Circle Option B if you do not have the required liability insurance. 	Circle which Option you wish to take:	
		Option A -\$00	Option B -\$130
TOTAL	Circle appropriate total:	\$40.00	\$170.00

Make checks payable to Figure Skating Club of Madison, Inc.

Membership List Authorization of Information

Names, home and email addresses, and available phone numbers will be circulated on the membership list to all members. Please circle any information you **do not want published** on this list.

Home Address	Home Phone	Business Phone	Email address	Other:

As a Teaching Professional member of the Figure Skating Club of Madison, Inc., I understand and agree to abide by the rules and guidelines of the Figure Skating Club of Madison, Inc., the Professional Skating Association and US Figure Skating.

Signature: _____ Date: _____



Liability Waiver
July 1, 2009 - June 30, 2010

**All coaches must have a current waiver on file before
they can teach on the Figure Skating Club of Madison ice.**

Participant Information			
Last Name:	First Name:		
Street Address:			
City, State, Zip:			
Age:	Daytime Phone:	Evening Phone	
Hold Harmless (signature required)			
<p>I, the undersigned, do hereby release and hold harmless the Figure Skating Club of Madison, Inc. nonprofit corporation, its employees, agents and all other persons acting in its behalf, including volunteers, from any and all claims, demands, and right of action whatsoever, which I ever had, which I now have or may have on account of injury or injuries both known and unknown for bodily injury, property damage, loss of services and medical expenses sustained by me or my child which may hereafter arise as a result of my participation in activities of the Figure Skating Club of Madison, Inc. I agree that I will carry insurance to cover such injuries, or will self-insure.</p>			
Coach Name and Signature:	Name:	Date:	
	Signature:		
Medical Authorization (signature required)			
<p>I give permission for the FSC of Madison or the rink management to obtain emergency medical help if I or my child is injured or becomes ill during skating activities.</p>			
Coach Signature:		Date:	
Medical Information			
Doctor's Name:	Phone:		
Clinic Name:	Address:		
Hospital:	City:		
Medical Insurance Co.:	Policy #:		
Emergency Contact (other than parents)	Name:	Phone:	
<p>Indicate any serious allergies or conditions affecting emergency care:</p> 			



2009-2010 Volunteer Form

Skater's Name _____ Phone Number _____ Email: _____

Parent /Guardian #1 _____ Parent /Guardian #2 _____

The success of the Club is dependent on the commitment of our volunteers. Effective July 1, 2009 with the new membership year, each FSC of Madison family will be required to volunteer at least 10 hours per family. All members are required to volunteer to support the operation of the Club. A volunteer form must be completed and submitted with your membership. The Club is offering a buy-out of \$150.00 if you do not want to or are unable to volunteer. If after the third quarter there has been no volunteer activity, you will be reminded of the commitment. For second Club members, there is a 5 hour volunteer requirement or a \$75 buy out. If there has been little or no activity by the end of April, you will be sent a reminder of the balance of your commitment with the balance to be paid in May or before new membership renewal process. All volunteer choices are listed with the membership forms, see and make your choices early. Thank you in advance for the successful operation of YOUR CLUB!

Please mark with a "1" or "2" (to signify the parent associate volunteering) the appropriate box(es) where you are willing to chair or volunteer for a committee. **Job descriptions are on the club web site at www.fscmadison.com.** All members are required to sign up for at least one volunteer activity each year for the Madison Open and one for the show. The club is run completely by volunteers. Please do your part and help wherever possible. Thank you!

Standing Committees			
Volunteer Job	Chair	Co-Chair	Volunteer
Announcing			
Annual Banquet			
Champs Liaison			
Club Room			
Costumes/Locker			
Exhibitions			
Fundraising			
Hotel Organizing			
Ice Management (ice buy)			
Ice Management (billing)			
Ice Monitor			
Learn to Skate Liaison			
Membership			
Newsletter			
Nominating			
Photography			
Planning/ Visioning			
Pro Coordinator			
Programs			
Publicity			
Sanctions			
Skating Camp			
Social			
Testing			
Website			

Madison Open Competition			
Volunteer Job	Chair	Co-Chair	Volunteer
Accounting Room			
Awards			
Emergency/First Aid			
Flowers			
Judges Arrangements			
Judges Hospitality (Rink)			
Judges Hospitality (Hotel)			
Judges Dinner			
Judges Gifts			
Judge's Transportation			
Monitor/Runners			
Music Player			
Practice Ice			
Program Sales & Ads			
Pros/Volunteers Hospitality			
Registration Desk			
Registrar			
Set-up or Clean-up			
Vendors			
Video/Photography			
Welcome Packets			

Spring Show			
Volunteer Job	Chair	Co-Chair	Volunteer
Costumes			
Dress. Rm. Monitors			
Music Edit			
Play Music			
Post Show Party			
Program			
Props/Scenery			
Set-Up and Clean-Up			
Stage Crew/Lights			
Tickets			
Video/Photography			

Additional Skills			
Mark any of the skills, talents or connections you may have from the list below.			
	Accounting skills		Fund raising
	Art or graphic design		Legal consulting
	Audio equipment repair		Office Supplies
	Awards / Engraving		Photo or Video Skills
	Carpentry / Electrical		Sewing/costume design
	Computer skills		Stage productn/ lighting
	Cooking / catering		Typing
	Copy service/ printing		Writing
Other:			