



Associate Member Registration Form 2017/2018

Name _____ USFSA# _____ Date of Birth _____

Address _____ School _____

E-Mail _____

***Please include a current email address so that we can add you to our Club database and for other announcements!**

Home Phone # _____ Cell # _____ Primary Coach: _____

Parents or Guardian (if under 18) _____

Emergency Contact Person _____ Emergency # _____

Please circle the days/ session you will be skating:

Monday 7:00pm-9:00pm	Wednesday 7:00pm-9:00 pm	Saturday 10:15am-12:15pm
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Total Number of Days Skating: _____ 1 Day _____ 3 Days

Prices

Total Fee for Package (\$369 One Day/ <u>One Session</u> or \$908 Three Days/Full Season)	\$ _____ Line A
ASSOCIATE MEMBER Fee (\$40 fee)	\$ _____ Line B
Total Due	\$ _____ Total

PAYMENT OPTIONS:

_____ **Option 1** is the **One-Day Pass** \$369 per session (includes NYS Sales Tax)

- **Payment in full due at registration for each session
- **Session 1 runs 9/9/17 – 12/2/17 = \$369
- **Session 2 runs 12/9/17 – 3/3/18 = \$369
- **Both sessions = \$738

_____ **Option 2** is the **ALL ACCESS PASS** for **all 3 days** \$908 (includes NYS Sales Tax)

- 1st Payment: \$368 due September 9, 2017 (includes NYS Sales Tax)
- 2nd Payment: \$180 due October 18, 2017 (includes NYS Sales Tax)
- 3rd Payment: \$180 due November 15, 2017 (includes NYS Sales Tax)
- 4th Payment: \$180 due January 17, 2018 (includes NYS Sales Tax)

CHECK made payable to Cortland Figure Skating Club:

- Please bring to the JM McDonald Sports Complex with this completed form on the first day/night of the session that you skate (or before).
- Or mail completed form to Stephanie Burns, CFSC PO Box 5232, Cortland, NY 13045.

*** Please note that the membership fee/ installment must be paid IN FULL before the skater can skate on Club ice.**

Cortland Figure Skating Club Parent Acknowledgment

I, _____ (print name) as applicant or parent/guardian of _____ agree to enroll as a member of the Cortland Figure Skating Club for the membership indicated above. I agree to make payments as indicated above. I understand that NO REFUNDS will be made unless a medical situation occurs that results in the skater being removed from the ice for long periods of time. (This requires a physician's excuse.) I also agree to abide by all Cortland Figure Skating Club By-Laws, ice rules and regulations.

Printed Name _____ (parent if under 18) Date _____

Signature _____ Relationship _____

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