



Club Member Registration Form 2016/2017 Season

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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* 1 Day skaters cannot change day of ice during current session. Choose one day.

Total Number of Days Skating: _____ 1 Day _____ 3 Days

Prices

Total Fee for Package (\$351 One Day/One Session or \$864 Three Days/Full Season) \$ _____ Line A
 + USFSA Dues (\$60 if not previously paid or \$0 if paid) \$ _____ Line B
 TOTAL Due \$ _____ TOTAL

PAYMENT OPTIONS:

_____ **Option 1** payment in full at registration (required for all One Day Registrations)
 _____ \$351 Session 1, One Day Fee (includes NYS Sales Tax)
 _____ \$864 Three Day Fee (includes NYS Sales Tax)

_____ **Option 2** is the **ALL ACCESS PASS** for **all 3 days \$864** (includes NYS Sales Tax)
 1st Payment: \$345 due September 7, 2016 (includes NYS Sales Tax)
 2nd Payment: \$173 due October 19, 2016 (includes NYS Sales Tax)
 3rd Payment: \$173 due November 16, 2016 (includes NYS Sales Tax)
 4th Payment: \$173 due January 18, 2017 (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 night of the session that you skate or to Open House on 8/30/16 6:30 pm.
- Or mail completed form to Tamara Demeree, 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.**

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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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