

Ozark Figure Skating Club PARENT Membership

Please print clearly, the membership director must	be able to read this inform	ation to e	nter it in th	e US Figure Skating database.
Parent Name	_ Parent Date of Birth	/	/	Gender
Parent USFS Membership Number	Skater Name			
Is the parent a US citizen (USFS requires this)	Yes No			
Mailing Address if different from skater				
City	State		_ Zip	
Preferred Phone	Cell phone numbers to receive club texts			
Please list all email addresses that will be used to be an address you check regularly	for Entryeeze members	hip login	, club new	rsletter and updates. This needs
Consent for Medical Attention or Treatment				
I certify that I, the member, or I, the parent/gu activities are taking place in and their staff and obtain medical care from any licensed physicia services, for myself/ourselves and/or said paractivities.	to members of the OFSC in, hospital or clinic, incl	C, their B uding tra	oard of Di insportati	rectors and volunteers to on and emergency medical
Name of Minor Child Member (please print) _				
Parent/Guardian Signature				Date
This Consent for Medical Attention shall be bin	ding and effective for ea	ch year t	he skater	is a member of the club
Membership Type: The membership director version packet for guidance. If you completed your vol ***If your skater is planning to test for the first	unteer hours, you will re	ceive up	to \$25 cr	edit toward next year's fees.
1. Basic Introductory Membership, Lea 2. Basic Returning Learn to Skate Mem 3. USFS-Full Membership 1st Year, Und 4. USFS-Full Membership, Under Age 1 5. USFS-Full-Adult Membership, Plans 6. Family Membership \$175 Collegiate \$175	bership-Will Not Test \$3 er Age 18-Will Test \$95 8-Has Tested \$125 to or Has Tested \$100	85		oton is under 10