



MEMBERSHIP APPLICATION July 1, 2010 – June 30, 2011

Skater Name: _____ USFS # _____ DOB: _____

Parent Name: _____ USFS # _____ DOB: _____

(If skater under age 16)

Addl. Skater: _____ USFS # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (wk) _____ (cell) _____

Email Address _____

Emergency Contact: _____

Emergency Phone: (home) _____ (wk) _____ (cell) _____

Home Club: _____

Highest Test Passed: FS _____ MIF _____ Dance _____

Skating Coach (es): _____

Type of Membership: (check one)

_____ Introductory Membership* \$ 75.00
 *For skaters who have never been full members of US Figure Skating through LSA or any other Home club (not including a Basic Skills Membership). If skater is under 16, parent must join as a "parent member"

_____ Single Membership* \$ 175.00
 *If skater is under 16, parent must join as a "parent member"

_____ Parent Member \$ 15.00

_____ Each Additional Family Member \$ 15.00

_____ Associate Membership* \$ 135.00
 *For skaters who are members of USFS through another Home club or who are individual members but want to participate in LSA programs

_____ Supportive Membership \$ 45.00

_____ Rule Book / Binder set \$ 34.00 (includes shipping, orders accepted prior to July 1 only)

_____ Rulebook only \$ 28.00 (includes shipping, orders accepted prior to July 1 only)

If paying by check, make payable to LSA and mail to:

Carmen Riggs
LSA Membership Chair
1812 Round Ridge Road
Louisville, KY 40207

Membership questions?
Please contact Carmen R.
at (502) 494-6900

If paying by credit card, please fill out a credit card payment form.

A completed membership application includes this registration form, the completed Volunteer Form, and signed copies of the Waiver/Release of Liability, Consent for Medical Treatment, and Ice Rules and Etiquette, along with a check or credit card payment. All forms must be submitted for the application to be processed. **Deadline for application submission is June 1, 2010.**

THANK YOU FOR BEING A VITAL PART OF LOUISVILLE SKATING ACADEMY!



VOLUNTEER FORM

In order to ensure LSA’s ongoing quality programming, each family’s volunteer participation is needed. You must submit this form with your membership application in order for your application to be accepted.

Name: _____

Skater’s Name (if different): _____

Home phone: _____

Cell phone: _____

E-mail address: _____

Please tell us a little about your background, special interests, or talents (organizational skills, writing skills, computer skills, accounting/finance skills, etc): _____

Please tell us the area(s) where you would be most interested in volunteering:

_____ Learn to Skate

_____ Bookkeeping

_____ Camps

_____ Membership

_____ Competitions

_____ Publicity/PR

_____ Test sessions

_____ Ice Monitoring

_____ Annual Banquet

_____ Logo Wear/Merchandise sales

_____ Hospitality*

_____ Parent Education

*test sessions and competitions

_____ Shows

_____ Elections/Nominations

_____ Fund-raising

_____ Ice Contracts/Registrations

_____ Sponsorship

_____ Use me where you need me

_____ Other area (please specify): _____