



EAST PENN SPEED SKATING CLUB 20__ - 20__ CLUB APPLICATION

_____		_____	
Skater Name	Gender	Birth Date	
_____		_____	
Parent/Guardian Name (if under 18)		Home Phone	
_____		_____	
Street Address		Cell Phone	
_____		_____	
City: State, Zip Code		Work Phone	
_____		_____	
USS Membership #	MASA Membership #	E-mail	
_____	_____	_____	
USS Membership Expiration Date		Additional E-mail(s) to be added to EPSSC mailing list	
_____		_____	

Payment Plan Options (Check one)

- Single Full Season Prepaid (\$396 for the season)
- Single Half Season Prepaid (\$240 for 11 practices, \$25/practice thereafter)
- Single Pay Per Practice (\$25/practice, \$550 for the season)
- Family* Full Season Prepaid (\$575 for the season)
- Family* Half Season Prepaid (\$345 for 11 practices, \$40 /practice thereafter)
- Family* Pay Per Practice (\$40/practice, \$880 for the season)

Please make checks payable to "East Penn Speed Skating Club."

§ Membership with USS and MASA is **mandatory** for all EPSSC members.

*A "Family" is defined as one (1) adult and unlimited children under 18 living at the same address.

I am a member of United States Speedskating (USS) and of the Middle Atlantic Skating Association, Inc. (MASA). I have read and understand the by-laws of the East Penn Speed Skating Club (EPSSC) and hereby agree to observe all articles as stated in them. I understand that any violation of the by-laws as so stated as of the date of this application may result in disciplinary action and/or revocation of my membership.

Skater (Parent/Guardian if under 18) Signature

Date

WAIVER AND RELEASE

I, the undersigned, understand, accept, and acknowledge that speed skating is an inherently dangerous sport that may result in serious bodily injury including paralysis or death, and I knowingly and freely assume those risks. In consideration of the acceptance of this application, I hereby, myself, and for my heir(s), executor(s), administration(s) and assign(s), waive and release any and all claims for damages against the **EAST PENN SPEED SKATING CLUB**, and the **MID-ATLANTIC SKATING ASSOCIATION, INC.** including any of their member clubs, officers, officials, volunteers, coaches, sponsors, agents, representatives, successors or assigns, for any injuries that may be sustained as a result of participation in Club or Association activities. By signing this waiver and release, I acknowledge that I have read and understand this waiver and release, and accept its terms freely and voluntarily.

Skater (Parent/Guardian if under 18) Signature

Date

TO BE COMPLETED BY EPSSC CLUB OFFICER

Amt Paid: \$_____ Check #:_____ Date:_____ Club Officer:_____