



# EAST PENN SPEED SKATING CLUB 2009 - 2010 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."  
 S Membership with USS and MASA is mandatory for all EPSSC members.  
 \*A "Family" is defined as one (1) adult and unlimited children under 18.

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 **MIDDLE 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

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**TO BE COMPLETED BY EPSSC CLUB OFFICER**

**Amt Paid: \$\_\_\_\_\_ Check #:\_\_\_\_\_ Date:\_\_\_\_\_ Club Officer:\_\_\_\_\_**