



Pavilion Skating Club  
of Cleveland Heights

# FORM B

# MEMBERSHIP FORM 2016-2017

Today's Date: \_\_\_\_\_

Skater's Name: \_\_\_\_\_

USFS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a graduating Senior for the 2015-2016 school year?: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work No.: (\_\_\_\_) \_\_\_\_\_ e-Mail: \_\_\_\_\_

Sex:  Male  Female US citizen: yes  no

Level: test passed

Freeskate Level: \_\_\_\_\_ Moves Level: \_\_\_\_\_ Dance/Pair Level :: \_\_\_\_\_

Coache(s) \_\_\_\_\_

## Pavilion Skating Club Membership

- Resident of Cleveland Heights member: \$100
- Non-resident of Cleveland Heights member \$105
- First Year Introductory Member \$40
- Second Family member \$50
- Associate Member \$45
- Coach:  
PSA number: \_\_\_\_\_ \$70
- Collegiate 4-year Membership \$100

All memberships include USFS home club membership with exception of Associate Member. Please note, USFS membership fees have increased this year.

Per USFS policy, skaters currently enrolled in a college or university may pay a one-time fee for 4-year membership. This membership may only be exercised one time and it carries the full benefits of a USFS membership. Per USFS, a second family membership does not apply to Collegiate membership. For a second family member, a full club membership must be purchased.

Volunteering: Each PSC skating family is asked to volunteer.

Current USFS memberships expire June 30, 2016. You **MUST** be a member of USFS to skate on club ice by July 1, 2016. Return completed form and payment to PSC Club Office by June 20, 2016. This will be enforced.

**TOTAL ENCLOSED:** \_\_\_\_\_

Please return forms to PSC club office or mail to :

Pavilion Skating Club of Cleveland Heights  
1 Monticello Blvd.  
Cleveland Heights, OH 44118

## Form C

### Volunteer Request Form

Monitoring (1-2 hours a week) –please note that we may have to assign members to monitor if we do not get enough volunteers. It will then be your responsibility to find a substitute if you can't monitor on that specific day.

Test Sessions – help with test sessions – set up, food for judges, play music etc.

Parties – help plan and provide food for various parties and events throughout the year

Ice Show – help during ice show

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_



Pavilion Skating Club  
of Cleveland Heights

**FORM D**

**Pavilion Skating Club of Cleveland Heights, Ohio**  
**Participant Registration Form for On-Ice Sessions and Off-Ice Sessions**  
**2016-2017 Season**

**PLEASE PRINT**

Today's Date: \_\_\_\_\_

Skater's Name: \_\_\_\_\_ Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home No.:(\_\_\_\_\_) \_\_\_\_\_ Work No.:(\_\_\_\_\_) \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell No (Parent):(\_\_\_\_\_) \_\_\_\_\_ Email (Parent): \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Home Club: \_\_\_\_\_ Coach's Name(s): \_\_\_\_\_

Skater's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: F: \_\_\_\_ M: \_\_\_\_ USFSA No.: \_\_\_\_\_

Tests Passed: Moves: \_\_\_\_\_ Freeskate: \_\_\_\_\_ Dance: \_\_\_\_\_

**In order to participate in the Pavilion Skating Club of Cleveland Heights (PSC) programs and activities I understand, accept and acknowledge the following: .**

- ▶ Priority order for activities is as follows until capacity is reached 1) Contracted Skaters 2) Walk-on Club Members 3) Walk-on Associate Members 4) Walk-on Guests
- ▶ If less than 12 skaters are contracted for a session; PSC reserves the right to cancel a session, change levels or disciplines as needed. Session level requirements are identified in the current ice contract.
- ▶ The required activity payment shall be made with to monitor prior to entry into the session. Rates are typically identified in the current ice contract, discount rates including discount coupons only apply to Club Members and Associate Members.
- ▶ Current USFS membership is required to participate in all on-ice and off-ice activities.
- ▶ This form shall be required annually or upon changes in contact information.
- ▶ The PSC "WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT" and "CONSENT FOR MEDICAL ATTENTION OR TREATMENT" is required with this form.
- ▶ Ohio Law requires providing the attached "Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations." The PSC or Coaches may ask skaters exhibiting signs of a concussion to leave the on-ice or off-ice activity and will not permit them to return until he/she receives written clearance from a physician or a health care professional authorized by law.

**RETURN COMPLETED FORM TO CLUB OFFICE OR MAIL TO:**

Pavilion Skating Club of Cleveland Heights  
1 Monticello Blvd.  
Cleveland Heights, OH 44118

**I agree to abide by the Pavilion Skating Club Constitution and By-Laws which govern all Club activities. I acknowledge that I have received a copy of the Ohio Department of Health Concussion Information Sheet For Youth Sports Organizations. I understand that PSC, its monitors or any Coaches may prohibit a skater from skating or from PSC programs/activities until such skater has been cleared by a physician or health care professional authorized by law in accordance with the Return-to-Play Law.**

Signed: \_\_\_\_\_

(Skater)

(Parent or Guardian if skater is under age 18)

**FORM E**

**Pavilion Skating Club of Cleveland Heights**  
**RELEASE, WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT**  
(must be completed)

In consideration of my participation in any Pavilion Skating Club program or activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below, and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Pavilion Skating Club of Cleveland Heights, its officers, Board of Trustees, members, volunteers and agents, and any sponsors and advertisers of any Pavilion Skating Club event in which I participate (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful or wanton misconduct of Releasees. If I, or anyone on my and/or my minor child's behalf, makes a claim which does not arise from the gross negligence of or intentional, willful or wanton misconduct of Releasees against any of the Releasees, I will indemnify, defend, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I acknowledge that the Pavilion Skating Club of Cleveland Heights and the facility at which the activities take place has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. I/We hereby acknowledge that the Pavilion Skating Club of Cleveland Heights shall not be responsible for the supervision of members or guests at Club activities including Club Ice.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under age 18)

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**CONSENT FOR MEDICAL ATTENTION OR TREATMENT**

I certify that I, the participant, or I, the parent/guardian of said participant, give my consent to the Pavilion Skating Club and the facility at which the activities are taking place in and their staff and the members of the Pavilion Skating Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant  
(age 18 or older)

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under age 18)

**FORM F**

**Pavilion Skating Club of Cleveland Heights**

**NAME, LIKENESS and IDENTIFIABLE INFORMATION CONSENT and RELEASE**

By participating in a Pavilion Skating Club of Cleveland Heights activity or United States Figure Skating sanctioned event, for good and valuable consideration, I release and grant to the Pavilion Skating Club of Cleveland Heights and U.S. Figure Skating, including its subsidiary and affiliated entities, the right to use my name, likeness, image, photograph, voice, video, athletic performance, biographical information and other indicia of identity, in any format whatsoever, from the event or general club activities including information listed below (collectively, my "Identifications"), and to distribute, broadcast and exhibit my Identifications, without charge, restriction or liability, in any media now known or hereafter devised (including, but not limited to television, internet [including web site, e-newsletter and e-blast], web casting, video streaming and event media files or cd's) or in various publication (including, but not limited to, SKATING Magazine, directories or media guides, event programs, marketing materials and rink bulletin boards) into perpetuity, unless otherwise rescinded in writing to the boards of the Pavilion Skating Club of Cleveland Heights.

Additional Included Identifications:

- Name (skater)
- Parents Name
- City and State of Residence
- Home Club
- Age
- Achievements/Tests Passed

I further grant the use of my contact information provided on forms filled out (including, but not limited to address, phone number and e-mail) to the Pavilion Skating Club of Cleveland Heights for event and club activity announcement or coordination (including, but not limited to, event notifications, club roster, volunteer sign-up, USFS membership and event registrations, or emergency contact).

I understand that I will not receive any compensation for any such use of my Identifications. It is also agreed that at no time can the Pavilion Skating Club of Cleveland Heights or the U.S. Figure Skating release or authorize the use of my Identifications to an unrelated third party for the purpose of my endorsement of any commercial property, product or service, without my written permission.

**RELEASE TYPE**

General Activity Release (including, but not limited to all club activities)

Limited: Name of Sanctioned Event or Activity: \_\_\_\_\_

I HAVE READ THIS RELEASE AND CONSENT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under age 18)