



Ozark Figure Skating Club Skater Information Form 2023-2024

Please print clearly, the membership director must be able to read this information to enter it in the USFS database.

Name _____ Date of Birth ____/____/____ USFS Membership Number _____

Parent or Guardian Name if member under 18 _____

Full Mailing address _____

Is this a new address since June 1, 2018? _____ US Citizen (USFS requires this) Yes No

Gender _____ Preferred phone _____ Primary Coach _____

Please list your primary email address first (used for Entryeze) and all other email addresses that will be used for club news and updates.

Please list all cell phone numbers to receive club texts. We use this for information that needs to go out quickly

Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the OFSC and the facility the activities are taking place in and their staff and to members of the OFSC, 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. This Consent for Medical Attention shall be binding and effective for OFSC membership year 2019-2020

Name of Minor or Adult Skating Member (please print) _____

Parent/Guardian/Adult Skater Signature _____ Date _____

Initial your agreement with the following items from the Membership Packet. The packet is also posted under the forms tab on www.ozarkfsc.org if you do not have it with you.

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| _____ Billing and Payment Terms | _____ Consent for Medical Attention and Treatment |
| _____ OFSC Membership Benefits | _____ OFSC Skater Code of Conduct |
| _____ Volunteer Policy | _____ US Figure Skating Parent Code of Conduct |
| _____ OFSC SkateSafe Statement | _____ Jones Center Ice Etiquette, Freestyle Rules, PDA Policy |
| _____ OFSC Waiver and Release of Liability, | _____ Club Wear and Logo Usage Policy |
| _____ Assumption of Risk and Indemnity Agreement | _____ Photograph Release |
| _____ Parental Consent and Indemnification Agreement | |

Membership Type: The membership director will email you your specific membership options. You can also look at the packet for guidance.

If your skater is planning to test for the first time before next June, please choose full minor first year

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| _____ 1. Basic Introductory Membership,
Learn to Skate First Year-Will Not Test | _____ 4. USFS-Full Membership, Under Age 18-Has Tested |
| _____ 2. Basic Returning Learn to Skate
Membership-Will Not Test | _____ 5. USFS-Full-Adult Membership,
Plans to or Has Tested |
| _____ 3. USFS-Full Membership 1 st Year,
Under Age 18-Will Test | _____ 6. Family Membership
Collegiate- 4 Year Membership |

Signature of Parent (if applicable) _____ Date _____

Signature of Skater _____ Date _____