

**Hamden Figure Skating Association Inc.**  
P.O. Box 185531, Hamden, CT 06518  
**Membership Application 2010-11**



New  
 Renewal

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

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(if skater under 18) (if skater under 18)

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(if skater under 18) (if skater under 18)

Other skating clubs to which skater belongs: \_\_\_\_\_

My home club is or will be: \_\_\_\_\_

Skater's USFSA ID# \_\_\_\_\_ Primary email address: \_\_\_\_\_

Level Passed: Basic Skills Badge # \_\_\_\_\_ Moves: \_\_\_\_\_ Dance: \_\_\_\_\_ Freestyle: \_\_\_\_\_

Professional's Name: \_\_\_\_\_ USFSA #: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to abide by the Constitution, By Laws and the Rules and Regulations of the Hamden Figure Skating Association (HFSA) that are now in effect (a copy of the HFSA By Laws is available in the Louis Astorino Arena office). Also, it is fully understood and agreed upon that HFSA assumes no responsibility or liability for injuries or loss of property, which might occur during HFSA activities. In consideration of the acceptance of this application, the undersigned hereby waives damages to property arising out of such activities, and skaters assume their own risk. All membership categories with the exception Non-Skating parent must pass an orientation program conducted by the Education Director or skater's Coach/ Pro. *New applicants must be approved by the Membership Director and/or the Executive Board to receive membership status.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Parent or Guardian (if skater under 18)**

**ONLY ONE MEMBERSHIP PER APPLICATION  
PLEASE CHECK THE CORRECT MEMBERSHIP CATEGORY & CIRCLE THE AMOUNT PAID.**

|   | Resident | Non-Resident |
|---|----------|--------------|
| HOME CLUB INDIVIDUAL (includes one non-skating parent)      | \$90.00  | \$100.00     |
| 1 <sup>st</sup> NON-SKATING PARENT                          | \$00.00  | \$00.00      |
| HOME CLUB 2 <sup>nd</sup> (in same household)               | \$40.00  | \$45.00      |
| HOME CLUB 3 <sup>RD</sup> OR MORE (each, in same household) | \$30.00  | \$35.00      |
| ASSOCIATE   | \$50.00  | \$60.00      |
| ASSOCIATE 2 <sup>nd</sup> (in same household)               | \$40.00  | \$45.00      |
| ASSOCIATE 3 <sup>RD</sup> OR MORE (each, in same household) | \$30.00  | \$35.00      |
| POWER SKILLS CLINIC   | \$25.00  | \$30.00      |
| BASIC SKILLS CLINIC   | \$25.00  | \$30.00      |
| NON-SKATING MEMBER  | \$10.00  | \$15.00      |
| JUNIOR SYNCHRO MEMBERSHIP                                   | \$25.00  | \$25.00      |

Please return completed application with your check made payable to: **Hamden Figure Skating Association, Inc. (HFSA).**  
**Mail to: HFSA c/o Debbie Hernandez, 193 River Rd, Madison, CT 06443.**

**HOME CLUB PERMISSION APPLICATION ~ Email Notification Accepted**

To Hamden Figure Skating Association:

\_\_\_\_\_ (Skater's Name) has his/her home club's, \_\_\_\_\_ (Club Name)  
permission to skate with Team Esprit of the Hamden Figure Skating Association for all 2010/2011 season exhibitions and competitions.

Club Official

Skater's USFSA ID #

Date