

# 2023 – 2024 Initiation Home Club Members

Skating Club of Central New York

Initiation Program - Start Date \_\_\_\_\_

BLOCK # \_\_\_\_\_  
End Date \_\_\_\_\_

\*\*\*\*Initiation Program duration limited to no more than 3 months from entry into the program\*\*\*\*

Name:	Birth Date:	USFSA / LTS Member Number:
Street:	City:	State & Zip:
Parent/Guardian Name:	Email:	Emergency Contact:
Home Phone:	Work Phone:	Cell Phone:
Coach Name:		

The use of MACC/Cicero Twin Ice Rinks could result in personal injury. The parent and/or guardian or skater if over 18 assumes all risks of personal injury or damage to the skater and/or his/her property that he/she may suffer by using the MACC/Cicero Twin Ice Rinks. The parent/guardian/skater further acknowledges that since they or their child is using the MACC/Cicero Twin Ice Rinks at their own risk, the Skating Club of CNY bears no responsibility of any nature for any personal injury, damage or loss to my person or property arising out of or resulting from my visit to the MACC/Cicero Commons. As parent/guardian or skater over 18, I expressly acknowledge my understanding and acceptance of the information contained in the registration packet and agrees to assume all risks of any personal injuries whatsoever that my son/daughter or I may incur during the use of the MACC/Cicero Twin Rinks/Skating Club of CNY skating sessions.

Parent or Skater over age 18 signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Package Payments:** Packages may be purchased in advance or pay as you go. **Packages, club days and club hours are subject to change.**

**Sessions:** Members of the LTS program may wish to try out lessons or practice time on club ice. All sessions are "open" to any skater **pre freeskate level and above**. Any skater under the pre free skate level will be allowed to skate on club ice in a lesson **only and should consider the Junior membership**. Any exception to this must be granted by the SCCNY Board. (Current skaters below pre freeskate level already skating independently on club ice will be grandfathered in).

**US Figure Skating & SC of CNY Home Club Dues:** At the conclusion of the Initiation period, skaters will transition to a full club membership. First time full club membership is \$70. After the first year, \$115 for the first family member and \$65 for each additional member of the family. All skaters must be registered with a US Figure Skating Club to skate on our ice. All initiation members **must** transition to club members after the initiation period has ended. Forms may be downloaded from the SC of CNY Club site ([www.sccny.org](http://www.sccny.org)). If you have questions about membership contact Kellie Conner at [Kellie.Conner@outlook.com](mailto:Kellie.Conner@outlook.com).

Check our web site and the Club desk in the rink lobby for any ice schedule changes or other club information and updates.

Before you step on the ice, be sure to check in at the club desk to let them know your name and the sessions you are skating.

## Authorization Medical Treatment of Minors

<i>Name of Minor</i>	<i>Birthdate</i>	<i>Identify Allergy/Special Condition</i>

*Skating Club of CNY 5575 Meltzer Court Cicero, NY 13039*

*I \_\_\_\_\_ name the Skating Club of CNY to act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minors(s) during the period of my/our absence from July 1, 2021 - June 30, 2022. This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.*

*Parent/Guardian Signature \_\_\_\_\_*

*Insurance Carrier \_\_\_\_\_ Group/Policy # \_\_\_\_\_*

### Family Physicians

*Name \_\_\_\_\_ Phone # \_\_\_\_\_*

*Name \_\_\_\_\_ Phone # \_\_\_\_\_*

### Emergency Contact Information

*Minor's Name \_\_\_\_\_ Age \_\_\_\_\_*

*Parent 1: \_\_\_\_\_ Cell # \_\_\_\_\_*

*Parent 2: \_\_\_\_\_ Cell # \_\_\_\_\_*

*Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_*

*Person other than parent/guardian to contact in case of emergency:*

*Name \_\_\_\_\_ Phone # \_\_\_\_\_*

*Relationship to child: \_\_\_\_\_*