

# Braemar–City of Lakes Figure Skating Club Off Ice Facilities Usage Application

Cost: \$55

Skater's Name: \_\_\_\_\_ USFS# \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Will Braemar be your home club? \_\_\_\_\_ If not, list home club: \_\_\_\_\_

The undersigned agrees to abide by the rules of the Braemar– City of Lakes Figure Skating Club (BCLFSC), and US Figure Skating, as set forth in the latest edition of the USFS Rulebook.

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

## WAVIER TO THE CITY OF EDINA AND BRAEMAR–CITY OF LAKES FIGURE SKATING CLUB

I understand that figure skating and its related activities may be hazardous and that injuries may occur in the normal course of participation. I assume all hazards and risks to my child or me and will not hold the City of Edina or Braemar–City of Lakes Figure Skating Club responsible for any injuries.

I certify that, to the best of my knowledge, neither my child nor I have any physical infirmities or limitations except as follows: (List any conditions, including allergies, of which you are aware)

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent signature or guardian if skater is under 18 years of age)

Pro Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of skater's professional)

Completed application forms and check payable to **Braemar–City of Lakes FSC** must be sent to:

Membership Coordinator  
Braemar City of Lakes FSC  
PO BOX 390301  
Edina, MN 55439–3001

