

PIC Board Use Only: Payment Date: _____ Amount Recvd: _____ Entered: _____
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## Patriot Blades Membership Application 2009 – 2010 Season

\*\*\*\* Please use a separate form for each member \*\*\*\*

**You must present your ISI card or a copy of your payment receipt with this application.**

Name: \_\_\_\_\_ ISI # \_\_\_\_\_  
First (Please Print Clearly) Last (Current or Past ISI Members Only)

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

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

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

Email: \_\_\_\_\_ Gender: M/F DOB: \_\_\_\_\_ US Citizen Y/N

If skater is under age 18: Parent _____ phone number(s) _____ Other emergency contact info _____
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Your coach/coaches: \_\_\_\_\_ ISI Level(s) \_\_\_\_\_

**Membership:**

- Patriot Blades Member - \$25.00:** (Please *do not* combine more than one member on a single application):
- Volunteer Fee - \$100.00**

Patriot Blades members and their families have the option of volunteering 5 hours of their time to assist with club activities or paying a \$100 volunteer fee. If more than one family member belongs to Patriot Blades, the \$100 fee is paid once and meets the volunteer commitment for the entire family. Please indicate which areas you or your family would be interested in volunteering:

- |   |  |
|---|--|
| <input type="checkbox"/> Ice Monitor      | <input type="checkbox"/> Junior Club & Recruitment |
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Other: _____              |
| <input type="checkbox"/> Home Club Events |  |

**Payment Total:**

Membership Fee: \$ \_\_\_\_\_  
 Volunteer Fee: \$ \_\_\_\_\_  
 Total Enclosed: \$ \_\_\_\_\_

All applications for new membership are subject to review by the Patriot Blades/Patriot Ice Club Board of Directors.  <b>Financial Obligations:</b> <ul style="list-style-type: none"> <li>• Membership dues are payable with application and are non-refundable once the membership has been approved.</li> <li>• Returned checks will be charged \$25.</li> </ul> <b>Release:</b> I hereby assume all risks and hazards incidental to my/my child's participation in any and all Patriot Blades/Patriot Ice Club activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless Patriot Blades/Patriot Ice Club, its directors, sponsors, supervisors, participants, or professionals for any claim arising out of injury to me/my child. If unable to reach parent or guardian, Patriot Blades/Patriot Ice Club or its professional staff is granted authority to obtain emergency medical treatment.  I agree to comply with the rules and regulations of the United States Figure Skating Association and the Constitution and Rules of Ice Conduct of the Patriot Blades Ice Club.  _____
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Please mail the completed application form along with your check, payable to Patriot Ice Club to:  
**Patriot Ice Club Membership, 7D Top Flight Drive, Norton, MA 02766**