

Skater's name: _____

Emergency Medical Information

Parent/guardian (if under 18) _____

Daytime phone: () _____ Evening phone: () _____

Emergency contact: Name: _____

Relationship to skater: _____

Phone: () _____

Physician (name & phone): _____

Dentist (name & phone): _____

Insurance carrier: _____

Primary policy holder: _____

Policy/Group #: _____

Preferred hospital: _____

WAIVER OF LIABILITY

The Southwest Michigan Skating Club is hereby relieved of any and all responsibility for any injury sustained by the above named skater while participating in, or in transit to any function or activity sponsored by Southwest Michigan Skating Club. Any and all claims against the Southwest Michigan Skating Club precipitated by any such injuries are hereby waived. It is further agreed that permission is granted for the Southwest Michigan Skating Club to obtain any necessary emergency services at the expense of the undersigned, should injuries be incurred. In signing this document the individual agrees to the waiver of liability and that the information given is true and correct. Further, the named individual will abide by the rules and by-laws of the USFSA and the Southwest Michigan Skating Club.

Signature: _____

(Parent or guardian if skater is under 18 years of age)



VOLUNTEER FORM

Southwest Michigan Skating Club
(July 2010-June 2011)

The Southwest Michigan Skating Club (SWMSC) is a non-profit, volunteer organization that offers various opportunities for skaters of all ages, abilities and interests. It is essential, in order to sustain and encourage growth of the club, that each member and his/her family agree to volunteer at a minimum of 2 club-sponsored events (Kick Off Classic being one of them, if at all possible), totaling 6 or more hours, per membership year. Please find, below, some of the opportunities in which you will be able to participate. ***Complete the form, placing a check mark next to all of them for which you would be willing to serve, and bring, along with your membership renewal, to the Membership Chair's box in the club office, or send to the address indicated on the membership form..*** Thank you for volunteering to help make SWMSC the best it can be!

***Please complete and return with your membership registration form so that your application may be processed!**

Name of Volunteer(s): _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Club Events/Activities

- _____ **Annual Ice Show** (Feb. 26)
- _____ **Awards Banquet** (early May)
- _____ **Basic Skills Competition** (Aug. 21)
- _____ **Club Display/Information Cases** (throughout the year)
- _____ **Consignment Sale** (Aug. – with Basic Skills Competition)
- _____ **Fundraising** (throughout the year)
- _____ **Holiday Show** (Dec.)
- _____ **Kick Off Classic** (Nov. 19-20): **This is the largest money-making event for the club each season. Everyone's participation is needed for this to continue to be successful.**
- _____ **Publicity** (throughout the year)
- _____ **Social Activities:** (ex: Kalamazoo Holiday Parade)
- _____ **Synchronized Skating Teams**

Please List Your Professional Skills and Hobbies

- | | |
|--|-------------------------------|
| _____ Accounting/Finance | _____ Photography/Videography |
| _____ Advertising/Marketing/Public Relations | _____ Publishing/Writing |
| _____ Carpenter/Electrician | _____ Sewing |
| _____ Graphic Design/Computer Information/Web Design | _____ Other _____ |
| _____ Medical Training (EMT, nurse physician) | |