

**2010-2011 Braemar-City of Lakes Figure Skating Club  
Off Ice Facilities Usage Application**

Cost: \$50

Name: \_\_\_\_\_ USFS# \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

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 United States 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: \_\_\_\_\_

(Signature of parent 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

**(Must be postmarked by June 19, 2010)**