



Figure Skating Club of Birmingham (birminghamfsc.com)

Registration Form 2018-2019 Season (September 4, 2018 - April 18, 2019)

SKATER NAME	US FIGURE SKATING NUMBER

SKATING LEVEL: MOVE IN THE FIELD / FREESYLE

PRIMARY EMAIL / SECONDARY EMAIL

PARENT / GUARDIAN NAME / PHONE #

FSCB PRIMARY & SECONDARY COACH

PARENT / GUARDIAN NAME / PHONE #

INSTRUCTIONS

- Select the Desired Sessions below (2 session minimum)
- If selecting 3 Sessions, the third session may be divided by adding 15 minutes before or after the first two registered sessions. Desired start / end times must fall within the daily FSCB session schedule. If you would like to take advantage of this option, please mark the desired start / end time to the SCHEDULE below.

SCHEDULE	SESSION	START	END
Monday	101	4:30	5:00
	102	5:00	5:30
	103	5:30	6:00
	104	6:00	6:30
Tuesday	201	4:30	5:05
	202	5:05	5:40
	203	5:40	6:10
Wednesday	301	4:30	5:10
	302	5:10	5:45
	303	5:45	6:20
Thursday	401	4:30	5:00
	402	5:00	5:30
	403	5:30	6:00
	404	6:00	6:30
Unlimited	501	<i>All times above</i>	

SEASON RATES (NON REFUNDABLE)			
2 Sessions (Membership = USFS INTRO C or D on Membership Form)			
			\$600
2 sessions	\$	660	4 Sessions \$ 1,210
3 Sessions	\$	990	UNLIMITED \$ 1,375

REGISTRATION PAYMENT	
See the 2018-2019 Season Registration Packet.	
SEASON RATE (Non-Refundable) - Payable due in full at registration or in 5 installments as follows: With registration 10/01/2018 11/01/2018 01/01/2019 02/01/2019 Payment received after the 10th calendar of the installment months will be subject to a \$25 late fee.	
ENTER SEASON RATE	
REGISTRATION PAYMENT Enter SEASON RATE or 5 MONTHLY INSTALLMENT AMOUNT	\$
ADMINISTRATION FEE (due once per season)	+ \$75
LATE FEE Returning Members - Postmarked after 08/28/2018 (\$ 25 if applicable)	\$
DROP IN CARDS (5 Sessions) Registered members \$45 per card / Non-Registered members \$75 per card	\$
(Non-Refundable) Total REGISTRATION PAYMENT DUE	\$

STANDING RULES FOR ICE USAGE

- Skaters must check in with the ice monitor on duty. Skaters and families acknowledge the ice monitor has the authority to act on behalf of Club to ensure safety and promote harmony.
- Skating levels comparable to Learn to Skate / Basic Skills 7 or above may skate unaccompanied by a coach / instructor. Skaters below must be accompanied by an FSCB coach / instructor while on Club ice.
- Skaters may move their contracted ice session within the same day at no extra cost. Skaters choosing to move their contracted day / time will do so by completing a "Change Request".
- "Change Request" - Skaters choosing to move to another day / time , may do so once per season at no extra cost. Subsequent changes subject to a \$20 processing fee.
- Siblings may substitute for one another, as long as both siblings have contracted the same amount of sessions.
- Drop-In skaters must pay for ice at the time of use. The ice monitor has the authority to make an exception. However, payment must be due within 5 days - or may be subject to a late fee of \$15 per session
- FSCB reserves the right to limit the number of skaters to 20 skaters per session.
- FSCB Reserves the right to cancel a session for the season based on low usage.
- FSCB reserves the right to cancel contracted skaters up to 5 ice sessions and reimburse skaters with drop - in sessions with exception to " UNLIMITED" skaters.
- FSCB reserves the right to cancel up to 5 sessions without reimbursement to "UNLIMITED" skaters. The 6 and subsequent sessions will be reimbursed at a per session rate as determined by the FSCB Board of Directors.

REGISTRATION AGREEMENT

I, _____, acknowledge and agree to the FSCB "Standing Rules For Ice Usage" and By-Laws. I have been provided a copy of the 2018-2019 FSCB Season Registration Packet, and understand that my financial commitment is for the **total Season Rate** as well as fees noted above. I also understand that the my obligation is non-refundable.

Signature: _____ Date: _____

EMERGENCY INFORMATION
NAME / PHONE # / RELATIONSHIP (OTHER THAN PARENT / GUARDIAN)

ALLERGIES / MEDICAL CONDITIONS

PRIMARY PHYSICIAN / PHONE #

PREFERRED HOSPITAL