



# INDIVIDUAL MEMBERSHIP APPLICATION

Register online at: [www.skateisi.org](http://www.skateisi.org)

**MEMBERSHIP TERM(S) SEPTEMBER 1 – AUGUST 31**

<b>Domestic Individual membership dues:</b>	<b>1 term - \$15 (through 8/31/13)</b>
	<b>2 terms - \$25 (through 8/31/14)</b>
	<b>5 terms - \$50 (through 8/31/17)</b>

(Please Print)

ISI Number \_\_\_\_\_ Rink, Club, or Skating School represented \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (please circle) Male Female

Email address \_\_\_\_\_

In consideration of being allowed to participate in the ISI Recreational Ice Skating Program, I acknowledge, and agree that: I understand and accept the risk of injury resulting from participation. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the Ice Skating Institute, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property associated with my participation, to the fullest extent permitted by law.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(for participants under the age of 18)

<b>PAYMENT TYPE (circle one) Check VISA MasterCard AmEx Discover</b>	<b>NO REFUNDS</b>
<b>Credit Card Number</b> _____	<b>Exp. Date</b> _____
<b>Name on Card</b> (please print) _____	
<b>Credit Card Billing Address</b> _____	
<b>Cardholder Signature</b> _____	
<b>Phone</b> (must be included) _____	<b>TOTAL \$</b> _____