

Wisconsin Rapids Figure Skating Club
2017-2018 Contract Year

Skater's Name: _____

Parents: Please read and sign the following statements indicating your approval!

1. I give permission to use my email addresses, provided under Parent Information, to WRFSC members only.

Parent Signature

Date

2. The skater named on this form has my permission to participate in the activities of WRFSC. I agree to pay the fees and abide by the policies established by the Board of Directors. If I fail to do so, the skater will not be allowed to participate.

Parent Signature

Date

3. I give permission to use my mailing addresses provided under Parent information, for WRFSC mailings only.

Parent Signature

Date

4. I understand my skater may be photographed while participating in club-related activities, and the photographs may be posted on our WRFSC website/Facebook page, or other skating-related sites

Parent Signature

Date

Wisconsin Rapids Figure Skating club
Maintenance Hour Contract

I agree to work a minimum of 10 maintenance and 10 volunteer hours per family to include 5 hours volunteer working at a WRFSC camp, test session or for the annual ice show at the South Wood County Recreation Center from June 1, 2017 – May 30, 2018. These hours will apply to the 2017 – 2018 maintenance year.

A charge of \$10.00 per hour will be billed at the end of the skating year for all maintenance and volunteer hours not completed. I understand that my skater(s) will not be allowed to skate the next session until any unpaid balance for maintenance fees are paid in full.

Skater's Name: _____ Parent's Signature: _____ Date: _____