

Dedicated to the Advancement of Inline Figure Skating

United States Federation of Inline Figure Skaters

www.usfifs.org

USFIFS

P.O. Box 1970
Bolingbrook, IL 60440
Phone: 708-707-0992
Fax: 630-378-9928

Individual Membership Registration

SEPT. 1, 2007 – JUNE 30, 2007

MAIL TO:

Membership Categories & Annual Dues (Check the appropriate line):

<input type="checkbox"/> Individual Adult Membership – 18 years and older.	\$15.00
<input type="checkbox"/> Individual Youth Membership under 18 years old (Parent must fill out the parent information below)	\$15.00
<input type="checkbox"/> Adult Coaching Membership (Includes Individual Membership, Fill out this form and Coaching Form)	\$15.00
<input type="checkbox"/> Youth Coach (Under 18 coach, includes individual youth membership. Fill out this form and Coaching Form)	\$15.00
<input type="checkbox"/> Basic Skills Skater (For skaters in the Basic Skills program)	\$5.00

Make check payable to: **United States Federation of Inline Figure Skaters**

Skater's Name _____ USFIFS# _____
(Use the name that you would want to appear in competitions) (Leave blank if new)

Skater's Address _____

Skaters City, State, Zip _____

USFIFS Club _____ Skater's Gender: M or F Date of Birth (mm-dd-yy) _____ USA Citizen: Y or N

Contact Email Address _____ Home and/or Contact Phone: _____

Inline FS Coaches Name: _____ Inline FS Coaches Phone: _____ Inline FS Coaches Email: _____

Inline FS Coaches Address _____

Parent's Name (If under 18) _____

Parent's Address (if different from skaters) _____

Parent's City, State, Zip _____

<p>Other Activities:</p> <p><input type="checkbox"/> Adult Skater</p> <p><input type="checkbox"/> Coach</p> <p><input type="checkbox"/> Parent/Guardian of Skater</p> <p><input type="checkbox"/> Synchro Skater</p> <p><input type="checkbox"/> Competitive Skater</p> <p><input type="checkbox"/> Recreational Skater</p> <p><input type="checkbox"/> Other _____</p>	<p>Competitive and Testing levels in</p> <p>USARS _____</p> <p>USFS _____</p> <p>USFIFS _____</p> <p>ISI _____</p> <p>RSA _____</p> <p>IIFSA _____</p> <p>Other _____</p>
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I would like to be considered for the following: Member of Board of Directors, Officer of Board of Directors, Committee Chair, Committee Member or other positions. (Feel free to attach additional sheets or send an email):

The above information is true and accurate to the best of my knowledge. I understand that inline figure skating can be considered an extreme sport. Life threatening injuries can happen even when proper precautions are taken and protective materials are worn. I also understand that USFIFS is not responsible for injuries caused by participation in the sport. Additional rules may apply where you skate. I further agree to abide by the bylaws and rules of the USFIFS.

Your Signature _____

Your Parents Signature (if under 18) _____

Date: _____

USFIFS Use Only: Check # _____ Date: _____ USFIFS #: _____