

The Middle Atlantic Skating Association, Inc.

Member of U.S. Speedskating (USS)



MEMBERSHIP APPLICATION: SEPTEMBER 2009 - AUGUST 2010

Name _____ Home Phone (____) _____

Address _____
Number Street City State Zip Code

Age: _____ Date of Birth: _____ Gender: **Male** **Female** (circle one)

E-Mail Address: _____@_____ (PLEASE PRINT CLEARLY)

Membership Type (circle one):

1st year **Renewed Competitor** **Non-Competitor** **Coach** **Official**

Note: 1st Year Skaters must provide copy of Birth Certificate

If renewal, is any of the information above different from last year? Yes / No

MASA Skating Number: _____ Speedskating Club: _____

U.S. Speedskating Member? * _____ Yes _____ No USS No. _____ Year _____

USS Membership Type: _____ * **Note: All skating members of MASA must join USS to ensure proper insurance coverage, before being allowed on the ice!!**

(Please fill out one form for each member even if all in one family.)

FEES:

| | | |
|-----------------------|--------------------|-------|
| Membership Fee | \$15.00 per person | _____ |
| Family Cap | \$30.00 per family | _____ |
| First Year Membership | <i>FREE</i> | |

PLEASE READ AND SIGN THE FOLLOWING

I agree to support the Constitution and the By-Laws and rules of the Middle Atlantic Skating Association, Inc. (MASA) and U.S. Speedskating (USS) of the United States. In the consideration of your accepting me as a member of your Association, accepting my entry and permitting me to participate in any MASA contest and/or workouts, I and my parents and/or guardian assume all risk of injury to person or property resulting from, caused by, or connected with the conduct and management of said contests and/or workouts, or the use of the place, facilities and equipment provided therefore, or in any resulting from my participation therein, and hereby waive and release any and all rights and claims for the damages which I may have against MASA, USS, their agents, clubs, officers or members, for any and all injuries to person or property suffered by me at any said contests and/or workouts.

Applicant's Signature _____

Date _____

Signature of parent/guardian (if under 18 years) _____

Please return the application with your check made payable to "MASA", TO:

**Al Harding, MASA
PO Box 232
Stockholm, NJ 07460**