INDIVIDUAL MEMBERSHIP APPLICATION

Register online at: www.skateisi.org

MEMBERSHIP TERM(S) SEPTEMBER 1 – AUGUST 31

Domestic Individual membership dues:	**1 term - $15 (through 8/31/18)** **2 terms - $25 (through 8/31/19)** **5 terms - $50 (through 8/31/22)**

(Please Print)

□ New member □ Renewal ISI Number _____

Rink, Club, or Skating School represented (required) _____

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 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, ICE SPORTS INDUSTRY, 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)

PAYMENT TYPE (circle one) Check VISA M/C Amex Discover **NON-REFUNDABLE**
(All fields required)

Credit Card Number_____**TOTAL $** _____

Name on Card (please print)_____

Credit Card Exp Date _____**Card Billing Zip Code** _____ **Card Security No**_____

Cardholder Signature_____

Phone (must be included) _____**email**_____

ISI - 6000 Custer Road, Bldg #9, Plano, TX. 75023 • Phone 972-735-8800 • Fax 972-735-8815