



ANNUAL MEMBERSHIP CONTRACT

I AGREE TO THE FOLLOWING TERMS, CONDITIONS, AND FINANCIAL OBLIGATIONS SET FORTH BELOW AS CONDITIONS FOR MY (OR MY CHILD'S) MEMBERSHIP WITH CENTER SKATING ACADEMY.

1. I AGREE TO REVIEW AND FOLLOW ALL RULES AND POLICIES OF THE CSA.
2. MEMBERSHIP FEES ARE NON-REFUNDABLE ONCE MEMBERSHIP HAS BEEN APPROVED.
3. CONTRACTED ICE MUST BE PAID FOR IN ADVANCE. CSA ALLOWS TWO OPTIONS FOR PRE-PAYMENT, DEFINED IN THE ICE RESERVATION FORM.
4. MEMBERS WILL BE LIABLE FOR COLLECTION OF ALL UNPAID DUES AND FEES, INCLUDING COURT COSTS AND ATTORNEY FEES.
5. THIS CONTRACT IS BINDING FOR THE ENTIRE SEASON 2020-2021. THERE ARE NO REFUNDS FOR SKATERS WHO RETIRE OR RELOCATE.
6. MEDICAL CREDIT REQUESTS MAY BE SUBMITTED TO THE BOD ONCE THE SKATER HAS RETURNED TO THE ICE. BOARD OF DIRECTOR APPROVAL IS REQUIRED FOR ALL CREDIT APPROVALS.
7. THE CSA RESERVES THE RIGHT TO ADD/DROP SESSIONS WHEN NEEDED.
8. SKATERS MAY REQUEST CREDIT FOR SESSIONS MISSED FOR USFS QUALIFYING COMPETITIONS ONLY.

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS CONTRACT. I UNDERSTAND THAT PHOTOS AND VIDEOS MAY BE USED FOR MARKETING FOR CSA. IF UNABLE TO REACH A PARENT OR GUARDIAN, CSA HAS PERMISSION TO ADMINISTER OR OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

NAME OF SKATER _____

NAME OF PARENT _____

SIGNATURE OF PARENT _____ DATE _____