

# 2010-2011 Southern Stars Introductory Synchronized Skating Team Application and Contract

## Team Application

Skaters Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Parent/Guardian Names: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Skaters Grade Level: \_\_\_\_\_ Skating Level: \_\_\_\_\_

USFS #: \_\_\_\_\_ Private Lesson Coach Name: \_\_\_\_\_

Please list any allergies or injuries your child has that could affect them while at practice:

---

---

---

## Team Contract

I, \_\_\_\_\_, parent of, \_\_\_\_\_, give permission for said child to accept a position on the Southern Stars Synchronized Skating Team for the 2010-2011 season.

The 2010-2011 total team cost (per member) is \$802 plus individual expenses listed in the budget. I understand that I have made a contractual commitment to pay the total team per member cost. I understand my responsibility will include an initial deposit of \$250.00 due August 15th and six monthly payments of \$92.00 beginning September 15, 2010. I understand these monthly fees are due at the 15th of each month and that a \$15.00 late fee will apply to any monthly payment received by the Treasurer after the 15<sup>th</sup> of the month. AN NSF CHARGE OF \$15.00 WILL BE APPLIED TO ALL RETURNED CHECKS. All payments must be given to the team treasurer. Only check or money order will be accepted. I understand this financial commitment may be rescinded if the final season cost, set in August 2010, exceeds the estimate herein by more than 7.5%.

Since Southern Stars Synchronized Skating has reserved a place for said child, I may not be released from these contractual obligations, except for extraordinary circumstances and as approved by the Team Board.

There will be no refunds.

I have read the Southern Stars Synchronized Skating Team Membership and Standards for the 2010-2011 season and agree to abide by them. I also understand that, in consideration of my agreement to abide by Southern Stars Synchronized Skating Membership Standards, team representatives (the Synchronized Skating Director and the Team Board) agree to be bound to enforce those Team Membership Standards. I understand that Southern Stars Synchronized Skating Team's rules must be abided by and, if not, may result in disciplinary action, including loss of membership in the organization. Such loss of membership does not release me from the obligation to pay fees for the full season. **Enclosed is a check for the required \$250.00 commitment fee, made payable to "SSSS".**

Name of skater: \_\_\_\_\_ (Please Print)

Parent or Legal Guardian: \_\_\_\_\_ (Please Print)  
(If under the age of 18)

Parent or Legal Guardian Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_