



COLLEGIATE MEMBERSHIP APPLICATION

Collegiate Membership allows skaters to maintain their USFS and LSA memberships for one low price for the years they are in college. A single \$150 fee covers four consecutive years of full membership benefits. Skaters can utilize the Collegiate Membership benefit only once during their entire skating career and must be enrolled as full-time students at a two-year or four-year college.

Skater Name: \_\_\_\_\_ USFS # \_\_\_\_\_ DOB: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: (home) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_
Email Address \_\_\_\_\_
Emergency Contact: \_\_\_\_\_
Emergency Phone: (home) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_
Home Club: \_\_\_\_\_
Highest Test Passed: FS \_\_\_\_\_ MIF \_\_\_\_\_ Dance \_\_\_\_\_
Skating Coach (es): \_\_\_\_\_
College attending: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

Certification:

I, \_\_\_\_\_, do hereby certify that I am currently a full-time college student at an accredited two-year or four-year institution and that I have previously been either a Full or Associate member of LSA (or obtained a board waiver of this requirement).

(Skater's signature)

(Date)

Collegiate membership is valid for four years from the above date.

Please make checks payable to LSA and mail to: Linda Nee
LSA Membership Chair
4904 Higgins View Lane
Fisherville, KY 40023

Membership questions?
Please contact Linda Nee
at (502) 267-7787

This application needs to be completed in full, including signed copies of the Waiver/Release of Liability, the Consent for Medical Treatment, and the Ice Rules and Etiquette and a check or credit card payment in order for the application to be processed. Deadline for application submission is June 1, 2010.

THANK YOU FOR SUPPORTING LOUISVILLE SKATING ACADEMY!