

# MIDDLE ATLANTIC SKATING ASSOCIATION



## MEMBER OF U.S. SPEEDSKATING (USS) MEMBERSHIP APPLICATION SEPTEMBER 1 – AUGUST 31

PLEASE FILL OUT SEPARATE FORM FOR EACH MEMBER EVEN IF ALL IN ONE FAMILY • PLEASE PRINT CLEARLY  
SIGNED CODE OF CONDUCT MUST ACCOMPANY THE APPLICATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: check one  Male  Female

### MEMBERSHIP INFORMATION

#### MEMBERSHIP TYPE: CHECK ONE

1st year  Renewed Competitor  Non-Competitor  Coach  Official

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. \_\_\_\_\_

USS Membership Type \_\_\_\_\_

\*NOTE: ALL SKATING MEMBERS OF MASA MUST JOIN USS TO ENSURE PROPER INSURANCE COVERAGE, BEFORE BEING ALLOWED ON THE ICE!!

### ANNUAL MEMBERSHIP FEES

FIRST YEAR MEMBER: FREE  FAMILY MEMBERSHIP: \$30.00  INDIVIDUAL MEMBERSHIP: \$15.00

Please submit application with a check made payable to "MASA", to:  
**AL HARDING, MASA PO BOX 232 STOCKHOLM, NJ 07460**

### 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. AND U.S. SPEEDSKATING 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 YOUR ASSOCIATION, ITS AGENTS, ITS 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) \_\_\_\_\_