

# The Middle Atlantic Skating Association, Inc.

Member of U.S. Speedskating



## MEMBERSHIP APPLICATION

July 1<sup>st</sup> – June 30<sup>th</sup>

[www.middleatlanticskatingassociation.com](http://www.middleatlanticskatingassociation.com)

Name \_\_\_\_\_ Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **Male** **Female** (circle one)

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_ (PLEASE PRINT CLEARLY)

**Membership Type (circle one):**

**1st year** **Renewed Competitor** **Non-Competitor** **Coach** **Official**

If renewal, is any of the information above different from last year? Yes / No

MASA Number: \_\_\_\_\_ Speedskating Club: \_\_\_\_\_

**U.S. Speedskating Member?** \*  Yes  No USS No. \_\_\_\_\_ Expiration \_\_\_\_\_

USS Membership Type: \_\_\_\_\_ \* **Note: All skating members of MASA must join USS to ensure proper insurance coverage, before being allowed on the ice!!**

(Please fill out separate form for each member even if all in one family.)

### ANNUAL MEMBERSHIP FEES

First Year Skater: Free \_\_\_\_\_ Family (2 or more): \$50.00 \_\_\_\_\_ Individual \$25.00 \_\_\_\_\_

### 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)

**Please return the application with your check made payable to "MASA", TO:  
Al Harding, MASA, PO Box 232, Stockholm, NJ 07460**