



NEW SKATER MEMBERSHIP CHECKLIST



- Read 2019 Membership Documents.

(www.afarollerderby.com/2019/welcome-2019)

Including: New Skater Information, Hold Harmless Agreement, Code of Conduct Agreement, Media Release, Liability Waiver, and AFA Bylaws.

- Print and fill out this packet including signature sheet, Membership form, Emergency Contact information, Medical release, and WFTDA Release Waiver of Liability Form.
- Attach a copy of your personal health insurance card. Medical documents will be given to Safety Officer and will remain confidential.
- Register for WFTDA insurance at <https://wftda.org/insurance/purchase> (\$80 annually 2019) *WFTDA will notify the league when you've purchased their insurance; you just need to sign up.
- Give cash or check (made out to Androscoggin Fallen Angels) to cover first month dues. If desired, please ask to pay with card or to set up auto payments.
- Obtain all required safety gear: Quad skates, an adequate helmet, wrist guards, elbow pads, knee pads and a mouth guard (All gear must be cleared by Safety Officer or designee at the first practice before skating.)



Acknowledgment and Signature Sheet



Hold Harmless Agreement:

I understand that participants are required to wear an adequate helmet, wrist guards, elbow pads, knee pads, and a mouth guard while participating. Participants are required to follow all rules of conduct and are not to take unreasonable risks while using the skate facility and playing roller derby, including causing any other skaters an unreasonable risk of harm. Skaters are required to purchase individual supplemental insurance through the WFTDA prior to skating.

I have completely read and understand this waiver and release and its terms.

I understand that I have given up substantial rights by signing it, and I have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me. Prior to signing this waiver and release, I have had the opportunity to ask any questions about the waiver and release, Androscoggin Fallen Angels, and any other associated teams or leagues.

Signature: _____ Date: _____

Print Name: _____

Code of Conduct:

I have completely read and understand each section of the Code of conduct and agree to adhere to its terms.

Signature: _____ Date: _____

Print Name: _____

Release Form for Media Recording:

I have completely read and understand the terms of this waiver and release form. I consent to all agreements made in this release.

Signature: _____ Date: _____

Print Name: _____

Bylaws Agreement:

I, the undersigned, do hereby consent and agree that I have completely read and understand the Androscoggin Fallen Angels (AFA) Bylaws. Prior to signing this agreement, I have had the opportunity to ask any questions about the AFA Bylaws. I am responsible for complying with the terms and conditions of the AFA Bylaws. Furthermore, I understand that the AFA Bylaws can be amended by majority vote of the league. I understand that violations of the AFA Bylaws are considered misconduct and are subject to disciplinary actions that may include dismissal from the league.

Signature: _____ Date: _____

Print Name: _____

Membership Form

SECTION 1: MEMBER CONTACT INFORMATION

FULL NAME		DATE OF BIRTH	
ADDRESS			
CITY			
PHONE #	STATE	Zip Code	
EMAIL ADDRESS	ALT PHONE #		

SECTION 2: MEMBERSHIP TYPE

MEMBERSHIP TYPE	DESCRIPTION	DUES	✓ HERE
SKATING MEMBER	Competing skaters must be over the age of 18 and have appropriate gear as defined by WFTDA.	\$35	
NON-SKATING MEMBER	Open to anyone with an interest in roller derby, league promotion, and/or development. May hold officer, board positions, and must be over the age of 18.	\$17.50	
OFFICIAL	Referees (skating/non-skating) must be over the age of 18 and have appropriate gear and insurance if skating.	\$25.00 annually	
COACH	Coaches league practices, instructs technical (rules/regulation) training, skills training.	Waived	
VOLUNTEERS	Volunteers at events/committees. May not hold officer, board positions.	N/A	

MEMBERSHIP NOTE:

PAYMENT IS DUE AT THE BEGINNING OF EACH MONTH. YOU WILL NOT BE ABLE TO SKATE UNTIL YOUR DUES ARE PAID AND ALL REQUIRED PAPERWORK IS HANDED IN. YOU MAY PAY DUES IN ADVANCE.

SECTION 3: MEMBER INFORMATION

(Information in this section is optional and will be used for league development purposes only)

Would you be interested or do you know someone that would be interested in learning to referee?
What skills do you have that could help develop the league? (e.g. web design, accounting, leadership, planning, sponsorship, first aid, etc)

Medical Release and Emergency Contact Form

This form will be used in case of emergency to provide appropriate information to

medical treatment staff. All information remains confidential.

Name: _____ DOB: _____
Street Address: _____ City: _____
Zip: _____
Phone: _____ Alt Phone: _____

Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Alt Phone: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Alt Phone: _____

Primary Care Physician/Family Doctor: _____
Phone: _____

Please attach copy of Insurance card with policy/Contact numbers

Medications currently taking (List any OTC or prescription medications currently taking, including birth control – please identify any medication you keep with you in the event of an urgent need)

Food/Drug Allergies:

Serious Medical Conditions (seizures, fainting, diabetes, heart conditions, etc – Please explain):

Recurring/Chronic Medical Conditions and/or Prior Injuries (back conditions, broken bones, sprains, pins, plates, concussions/head trauma, etc – Please explain.)

Any information we should provide to a doctor?

Are you diabetic? YES NO Are you insulin dependent? YES NO

If YES to Diabetic what is a *normal* blood glucose (sugar) level for you? _____

What is a *high* blood glucose for you? _____ What is a *low* blood glucose for you? _____

If YES to Insulin Dependent do you *carry* insulin on you? YES NO If YES Where? _____

Do you have *hypertension* (high blood pressure) or *hypotension* (low blood pressure) YES NO

Which (high/low) _____ What is a *normal* blood pressure for you? _____

Do you have asthma? YES NO If YES do you carry a rescue inhaler? YES NO

If you carry an *inhaler* where is it located? _____

Do you have any *cardiac* (heart) conditions? YES NO

If yes, what medication do you take? _____

Do you have *nitroglycerin tablets*? YES NO If yes, where are they located? _____

Do you have any *life threatening allergies*? YES NO If yes, what? _____

Do you have an *Epi-Pen*? YES NO If yes, where is it located? _____

Would you authorize a trained member of the league to either help you administer, or administer your medication for you if you are unable to? YES NO

Certificate of Accuracy/Release from Liability:

I certify that the preceding information is accurate and complete to the best of my knowledge.

I understand that it is my responsibility to keep this information updated and accurate.

I understand that should I be seriously injured during practice or a bout, this information will be provided to all appropriate medical personnel.

I understand that this information will remain confidential, and will not be used to make decisions about my ability to play or my position on the team.

I understand that by signing below, I am consenting to allow The Androscoggin Fallen Angels to take appropriate action for medical treatment, in the event that I am rendered unable to provide directions for my treatment.

I understand that by signing below, I am releasing The Androscoggin Fallen Angels and their representatives from any and all liability due to complications arising from any medical services provided directly or indirectly to me in the event of injury.

Participant's Signature: _____ Date: _____

Print name: _____

Witness Signature: _____ Date: _____

Print name: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT
("Agreement")**

IN CONSIDERATION of being permitted to participate this date, in any way, at any time, in Women's Flat Track Roller Derby ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of this Activity, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in this Activity.

2. **FULLY UNDERSTAND** that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, in the Activity.

3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME & LEAGUE NAME: _____ I HAVE READ THIS RELEASE _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

PRIMARY HEALTH INSURANCE CARRIER: _____