

SOUTH COAST ROLLER DERBY

INDIVIDUAL MEMBERSHIP APPLICATION 2013 SEASON

Date Joined_____ DL/Ins____Dues____ WFTDA

First time applicants must include copy of driver's license and medical insurance

MEMBER INFORMATIO	N				
Last	First	M.I.	Skater Name		Skater#
Email			Phone Number(s)		Birthdate
Address			City		Zip
Occupation, Skills, Hobbies?			Roller Skating/Derby Experier	How Long?	
MEMBER CATEGORY			MONTHLY DUES		WFTDA
BOOT CAMP: 8-week Basic Skills Course			1 Time Fee: \$180 includes WFTDA		
COMMUNITY CREW: League Volunteer			N/A		N/A
REFEREE STAFF: Non-Contact Skater and/or Official			1 Time Fee: \$60 for WFTDA		
CRASH TEAM: Full contact Skater			\$60		YES
EMERGENCY CONTACT	INFORMATION				
Contact Name	Relatio	onship	Phone Number(s)		
Secondary Contact	Relatio	onship	Phone Number(s)		
Physician's Name	Phone	Number	Insurance Provider	Policy or	Group #
Known Allergies			Medical/Dental Conditions		
Medications					
SIGNATURE					
Signature of Applicant		Date	Signature of Club Officer		Date



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CODE OF CONDUCT

As a participant in the South Coast Roller Derby League, I understand that I must follow the following Code of Conduct:

- Respect the game of Flat Track Derby, follow its rules and regulations, and always play fairly and safely.
- ♣ Respect the authority of Officials during the game and of the League Board Members and Managers.
- ♣ Demonstrate good sportsmanship before, during and after games. NO FIGHTING IS ALLOWED.
- Participate in positive community relations and maintain a professional public persona.
- Be courteous to other leagues and treat all skaters and crew with respect.
- Respect the privilege of the use of Laguna Hills Sports Complex and all other practice facilities.
- ♣ Refrain from the use of drugs, alcohol and abusive language during all practices, games or events.

I HAVE READ AND UNDERSTAND THE SCRD CODE OF CONDUCT. I UNDERSTAND THAT I MAY BE REMOVED FROM PLAY AT ANY TIME FOR VIOLATION.

Signature	Date	Printed Name	Staff Initials
NON-DISCLOSURE AGREEMENT			
South Coast Roller Derby ("Comp SCRD and its designees disclose t Operational aspects of the COMF Secrets or certain Intellectual Pro	o RECIPIENT confide PANY, Information r	elated to Human Resources	of the COMPANY, Trade
RECIPEINT agrees that RECIPIENT agreement, and shall protect the the information for the growth of source of information and withou	shall not disclose t same from disclosu f Flat Track Derby w	he information so conveyed, are with reasonable diligence with proper reference to Sout	unless in conformity with this The RECIPIENT may disclose
The obligation of non-disclosure (a) The confidential informat (b) The information is disclos (c) A period of 60 months part (d) The information loses its	ion becomes knowr ed publicly by COM sses from the disclo	n to the public without the fa PANY, or; sure, or;	ult of the RECIPEINT, or;
In any event, the obligation of no prior to the execution of this agre		ot apply to information whic	h was known to RECIPIENT
Signature	Date	Printed Name	Staff Initials



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PHOTO RELEASE AGREEMENT

For consideration which I acknowledge, I irrevocably grant to South Coast Roller Derby ("Company") and Company's assigns, licensees and successors the right to use my image and name in all forms and media purpose throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication or the written copy that may be used in connection with the images.

I relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed material that may be used in conjunction therewith or the use to which it may be applied.

I release Company and Company's assigns, licensees and successors from any claims that may arise regarding the use of my image including any claims of defamation, invasions of privacy, or infringement of moral rights, rights of publicity or copyrights. Company is permitted, although not obligated, to include my name as credit in connection with the image.

Company is not obligated to utilize any of the rights granted in this Agreement.

I have read and understood this agreement and I am over the age of 18. This agreement expresses the complete understanding of the parties.

Signature	Date	Printed Name	Staff Initials