

## REGISTRATION/MEDICAL FORM

Skater \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMAIL** \_\_\_\_\_ *(This is our main way of contacting you)*

School \_\_\_\_\_ Grade \_\_\_\_\_

I am interested in: Basic Skills (Learn to Skate) \_\_\_\_\_ Hockey \_\_\_\_\_ Not Sure \_\_\_\_\_

### Parent (s) or Guardian (s) legally responsible for skater:

\_\_\_\_\_  
If I am not at the rink, I can be reached at: \_\_\_\_\_

Special Instructions/Concerns: \_\_\_\_\_

**Emergency Contact Person:** *(We require that you list at least one person who can assume responsibility for your skater if you are not immediately available.)*

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions/Restrictions \_\_\_\_\_

I hereby give permission for GBFSC to give \_\_\_\_\_ (my child/legal ward) simple first aid when necessary or in the event of a more serious accident, for my child/legal ward to be transported to a hospital or emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child/legal ward.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Session 1	Session 2	Session 3	Session 4	Session 5
Registration _____	Registration _____	Registration _____	Registration _____	Registration _____
Payment _____	Payment _____	Payment _____	Payment _____	Payment _____