

EMERGENCY 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 GUARDIANS(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 _____