

## ALFSC SKATER INFORMATION

**Skater:** \_\_\_\_\_ **Skater's Cell Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Grade in school this fall** \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

### **Family Data:**

**Parent/Guardian:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

### **Other parent/Guardian:**

**Parent/Guardian:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Emergency Contact:** (someone other than parents who can be notified and would be willing to give assistance)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Medical:**

Please list any medication(s) skater is presently taking: \_\_\_\_\_

Please list any allergies your skater has: \_\_\_\_\_

**Medical Clinic:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If we can not reach you may we contact a doctor or dentist if your child is ill or injured?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ALFSC Waiver

In consideration of acceptance of me or my child by the Albert Lea Figure Skating club to participate in its figure skating program, I hereby waive all claims against the Albert Lea Figure Skating Club, its employees and agent, and release the Albert Lea Figure Skating Club, its employees and agents, from all claims or all injuries suffered by me or my child incidental to, connected with, or arising out of the recreational activities for which I am or my child is enrolled, including injuries suffered as the result of negligence of the Albert Lea Figure Skating Club, its employees or agents, but not including injuries suffered of their willful or intentional misconduct or gross negligence.

I give my approval for myself or my child's participation in the Albert Lea Figure Skating Club's activities during the current session. I understand that the program, for which I have given permission, may be hazardous and that injuries may occur in the normal course of participation of instruction and I assume all risks and hazards incidental to and from the activities.

Signature\_\_\_\_\_Date\_\_\_\_\_

(If under 18 parent or guardian must sign)

Relationship to skater\_\_\_\_\_