



Gliding Stars Skater Registration

Please print and complete all items. Ethnic information is for statistical reporting purposes only. Diagnostic information is for Gliding Stars internal use only.

Skater Information

Name: _____
(First) (Middle) (Last)

___ Male ___ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

E-mail: _____

Skater Height _____ Weight _____

Ethnicity: ___ White/Caucasian ___ Black/African American

___ Native American/American Indian

___ Hispanic ___ Asian/Pacific Islander

Skater's School: _____

Is skater eligible for free or reduced fee school lunch program at school?

___ Yes ___ No

Chapter Information

Gliding Stars of Erie

P.O. Box 11304

Erie, PA 16514 USA

TEL: 814-825-5555

Email: erepaa@glidingstars.org

Please provide the names of any clubs, service groups, special interest groups, churches, corporations, etc. that you are affiliated with. This Gliding Stars Chapter has formed a Speaker's Bureau, and will provide a speaker at meetings or events as invited.

Notes For Chapter Use Only:

Parent/Guardian Information

Parent/Guardian Name: _____

Address (if different from Skater's address above): _____

Phone: _____

E-mail: _____

Alternative Emergency Contact:

Name: _____

Phone: _____

Over→



Gliding Stars Skater Registration

(Continued)

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Diagnostic Information Please check all that apply to skater.

Skater wears braces/AFOs? Yes No

Skater can walk/is ambulatory (please clarify:)
How far daily? _____
Assistance Needed: _____

Skater uses an assistive device?
 Wheelchair
 Crutches
 Other

Skater has use of hands? Yes No

Skater has a Hearing Impairment ? Yes No

Hearing Aid? Yes No

How does skater communicate?
 Sign Language
 Reads Lips
 Non-verbal
 Verbal

Does Skater have functional vision? Yes No

Skater has seizures (please clarify):
What type? _____
How Often? _____
Typical duration: _____
Last seizure occurred on _____

Skater has a shunt Yes No

Skater has Autism
 Skater has Cerebral Palsy (CP)
 Skater has a Learning Disability
 Skater has Down Syndrome
 Skater has neck instability (atlantoaxial sublexation)
 Skater has Mental Retardation
 Spina Bifida
Approx level _____
 Other _____

Is Skater's disability considered:
 Mild Moderate Severe Profound

Comments or Other Medical Limitations/Precautions:

Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)

I agree [give my permission for the skater listed on this form] to participate with Gliding Stars in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season, and to cooperate fully with those in charge of each session or event.

I agree [give my permission for the skater listed on this form] to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars published materials or in other ways for the enhancement of the Gliding Stars program.

I understand [on behalf of the skater listed on this form] that ice skating involves some physical risk.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Skater Signature (if 18 or older)

Parent/Guardian Name (if skater under age 18) (please print)

Parent/Guardian Signature (if skater under age 18)

Date

 ★ **For Gliding Stars Chapter Use Only:** ★
 ★ Chest _____ in. Head Size: _____ in. ★
 ★ Waist _____ in. Outside Seam: _____ in. ★
 ★ Hips _____ in. Waist to Knee: _____ in. ★
 ★ Children ★
 ★ _____ XS _____ S _____ M _____ L ★
 ★ Adult ★
 ★ _____ XS _____ S _____ M _____ L _____ XL _____ 2XL ★
 ★ Skate ID: _____ ★
 ★ Paid Date _____ ★
 ★ Check # _____ Cash Amount \$ _____ ★
