



Gliding Stars Skater Registration

(Continued)

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

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 ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity.

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 and I assume all risk for property damage, personal injury or death to the skater as a result of or in connection with the Activity and my and the skater's use of the Property.

I agree [on behalf of the skater listed on this form] to indemnify, defend, and hold harmless Gliding Stars from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or the my use or use by the skater of the Property.

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

Skater Signature (if 18 or older)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date _____