



Gliding Stars Skater Registration

Please print and complete all items. Ethnic information is for statistical reporting purposes only. Diagnostic information is for Gliding Stars 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 Greater Toledo
P.O. Box 2526
Toledo, OH 43606-2526
(419) 304-4324

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: _____

