

Gliding Stars of Toledo

Skater Registration 2010-2011 *(Continued)*



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

Diagnostic Information *Please check all that apply to skater.*

Skater wears braces/AFOs
 Yes No

Skater can walk/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
 Verball

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 (alantoaxial sublexation)
 Skater has Mental Retardation *(please indicate type:)*
 Mild Moderate Severe Profound
 Spina Bifida
 Approx level _____
 Other _____

Other medical limitations/precautions *(please specify:)*

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 the 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 (if under age 18 and/or require such additional permission) (please print)

Parent/Guardian Signature (if under age 18 and/or require such additional permission)

Date _____