



# 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 Western NY**  
P.O. Box 1862  
Amherst, NY 14226  
(716) 608-8345  
  
\_\_\_\_\_ Hyde Park Rink (Sunday)  
\_\_\_\_\_ Hyde Park Rink (Monday)  
\_\_\_\_\_ Hamburg Rink (Saturday)

**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: \_\_\_\_\_

# 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/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, 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 (please print)  
 \_\_\_\_\_

Parent/Guardian Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_\_

\*\*\*\*\*  
**For Gliding Stars Chapter Use Only:**  
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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 Size: \_\_\_\_\_      Skate Type: \_\_\_\_\_

Paid Amount \_\_\_\_\_      Date \_\_\_\_\_

Check # \_\_\_\_\_      Cash Amount \$ \_\_\_\_\_

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