



## Skater Registration Form 2019-2020

Please print and complete all items. Diagnostic information is for Gliding Stars use only.

Last Name:		First Name:		Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Years Skating with the Program: _____ Years _____ New this Year (Welcome!)		Home Phone:		Cell Phone:
Street Address:		State:	Email:		
City:		Zip Code:			

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events? <input type="checkbox"/> Yes <input type="checkbox"/> No Number(s) to text: _____
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Academic Information	Day Program Information	Employment Information
School/ College:	Day Program:	Place of Employment:
Grade:	Street Address:	Street Address:
School District:	City/Zip:	City/Zip:

Emergency Contact #1	Emergency Contact #2
Name (Parent / Guardian):	Name:
Relationship To Skater:	Relationship to Skater:
Address: (if different than skater's listed)	Address:
City/Zip:	City/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

**Ethnicity (for statistical reporting purposes only)**

- White/Caucasian
- Black/African American
- Native American
- Hispanic
- Asian/Pacific Islander

**Diagnosis: (please check all that apply)**

- Autism
- Cerebral Palsy Type \_\_\_\_\_
- Congenital Heart Defects
- Down Syndrome
- Emotional Disability
- Epilepsy, Seizure Disorder
  - Type \_\_\_\_\_
  - How Often? \_\_\_\_\_
  - Typical Duration \_\_\_\_\_
  - Last Seizure Date \_\_\_\_\_
- Hearing Impairment
- Intellectual Disability (specify)
  - \_\_\_Mild \_\_\_ Moderate \_\_\_Severe \_\_\_ Profound
- Learning Disability
- Neck Instability (alantoaxial sublexation)
- Spina Bifida Approx level \_\_\_\_\_
- Speech Impairment
- Stroke
- Traumatic Brain Injury
- Vision impairment
- Paralysis ( \_\_\_Diplegia \_\_\_ Hemiplegia \_\_\_Quadriplegia)
- Other ( Specify) \_\_\_\_\_

**Assistive Devices Needed (please check all that apply) :**

- AFOs/ Braces
- Crutches
- Cane
- Glasses/Contacts
- Hearing Aid
- Walker
- Wheelchair
- Other (specify) \_\_\_\_\_

**Does the skater have functional vision?**

- Yes
- No

**How does the skater communicate?**

- Verbally
- Sign Language
- Non verbal ( gestures/noises)
- Other (specify) \_\_\_\_\_

**Does the skater have use of their hands?**

- Yes  No

**Does the skater have a shunt?**

- Yes  No

**Clothing Size Information:**

Pant size \_\_\_\_\_ Height \_\_\_\_\_  
 Shirt size \_\_\_\_\_ Weight \_\_\_\_\_  
 Height \_\_\_\_\_

**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 my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED**

Skater Name (please print)	Parent/Guardian Name (please print)	Date
Skater Signature: (If 18 or older)	Parent/ Guardian Signature (If under the age of 18 and/ or require such additional permission.)	