



Skater Registration Form 2023 – 2024

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

Last Name _____ First Name _____ Date of Birth _____

Street Address _____ City _____

State _____ Zip _____ E-mail _____

Preferred phone number _____ Preferred method of contact _____

Preferred Volunteer (if applicable): _____

Choose your skating day and location(s): <input type="checkbox"/> Southtowns Location <input type="checkbox"/> Hyde Park Rink Sunday
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Number of seasons skating with Gliding Stars _____

I'm new this season (Welcome!)

If you're new, how did you hear about us? _____

NAMES OF SIBLINGS THAT WILL BE SKATING: _____

Are you signed up to receive text updates on cancellations and Gliding Stars events from rainedout.com? ___ Yes ___ No

*If you signed up during a previous season, you do not need to sign up again!

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)
- Neurological disorder _____
- 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 _____

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) _____