



Skater Registration Form 2021-2022

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

| | | | | | |
|---|--|-------------|-------------|----------------|-------------|
| Last Name: | | First Name: | | Date of Birth: | |
| 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: | | | Email: | | |
| City: | | Zip Code: | | | |

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events? ___ Yes ___ No
Number(s) to text: _____

| Academic Information | Day Program Information | Employment Information |
|----------------------|-------------------------|------------------------|
| School: | 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 (for show costume):

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) _____