

Name _____ USFS # _____

Address _____ City _____ Zip Code _____

Home Phone () _____ E-Mail _____ Cell/Pager _____

Birth Date _____ Age _____

Home Club _____ Coach's Name _____

Current Skating Level: _____ (Freestyle) _____ (Moves)

Parent/Guardian Name(s) 1) _____ 2) _____

Consent for Participation: I hereby grant permission for my child to participate in the activities of the Euclid Blade and Edge Figure Skating Club. I understand that the Club, its officers, members, professionals, coaches, and agents assume no responsibility for injuries incurred during participation in Club activities. As in any athletic program, I realize the possibility of injury exists. I understand that reasonable precautions will be made to prevent injuries from happening. Further, we agree to abide by the rules and bylaws of the Euclid Blade & Edge FSC as presented in the Club handbook and to meet our financial obligation as contracted with the club.

Release of Liability: I release and discharge the Euclid Blade and Edge Figure Skating Club, its officers, members, professionals, coaches, and agents from any and all claims and damages for any personal injury and or property damage which may arise from or out of my child's participation in Club activities, including, but not limited to instruction and/or use of ice. All participants of activities held in Euclid Parks and Recreation facilities by virtue of their participation, agree to hold harmless the City of Euclid, the Euclid Parks and Recreation Dept. and all city employees from and against any and all loss, costs (including attorney's fees) damages, expense, and liability in connection with claims from damages as a result of injury or death of any person or property leased or rented by participant(s) or all other persons in their care which may arise from or in any manner grow out of any act of neglect on or about Recreation premises by Participant and/or Participant(s) in charge. Each person participating in any said activity agrees to assume any and all risks inherent in the particular activity. The city of Euclid will exercise due care to maintain all grounds and equipment within its control designed for use for recreation purposes.

Skater (Parent/Guardian if under age 18)

Date signed

Medical Authorization, Consent and Release

Emergency Contact (s) 1 _____ 2 _____

Phone Numbers 1 _____ 2 _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Special instructions allergies, prior medical problems, current medications, or other information of which the club or treating physician should be aware.

AUTHORIZATION FOR MEDICAL TREATMENT: In my absence, I authorize the Euclid Blade & Edge FSC, through its professionals and supervising officers or agents, to secure medical care and treatment for my child which may be medically necessary in the event of illness or injury during participation in Club activities.

Skater (Parent/Guardian if under 18 yrs. old)

Date Signed

Insurance Co. _____

Name of Insured _____ Policy/Group# _____