



SummerQuest 2017 Membership Form (for non-SQSA Parade members)

This form and \$30 SummerQuest membership fee is required for SummerQuest skaters, who are **not** Regular, Associate or Junior members of SQSA Parade. This form **MUST** accompany your SummerQuest contract/registration. (No volunteer hours are required with this SummerQuest membership. Not all member benefits are available with the SummerQuest membership.)

Skater Information:

Name: _____

Address: _____

City State Zip: _____

Skater Home Phone: _____

Skater e-mail: _____

Skater Cell Phone: _____

Other email: _____

School Name & Grade: _____

Date of Birth: _____

Gender: _____

Family Information:

Please change parent/guardian designations or add significant adults as appropriate.

Parents/ Guardians	Specify relationship:	Name(s)
Phone (Home):		Phone (Work):
Phone (Cell):		Primary E-Mail:

Fee: \$30 for non current SQSA Regular, Associate or Junior members. (A Starlight Ice Dance Club membership *does not* count as an SQSA membership.)

Payable to: SQSA Parade 600 Kenwood Parkway, Minneapolis, MN 55403

Include this form, payment and the attached emergency form when you turn in SummerQuest contract

I skate and participate in this program at my own risk and hereby release ISI, USFS, SQSA Parade, the host facility and all officers, directors, instructors and personnel from these entities from all liability.

I declare that the information above is true.

Signature of parent (or skater if 18 and over)

Date

The attached **Emergency Treatment Form** must also be completed.



Emergency Treatment Form

I, _____, hereby authorize any physician and/or any member of the medical staff of any hospital or emergency treatment center to render medical treatment*, which in his or her judgment may be deemed necessary in the care of:
(*Parents are responsible for all medical expenses incurred.)

Name of Skater: _____ Date of Birth: _____

Physician Name: _____ Physician Phone #: _____

Allergies: _____

Medicines currently taking: _____

Outstanding Medical History: _____

Insurance Company: _____

Policy Number & Name of Subscriber: _____

Emergency Contacts: Please list name and phone numbers:

a) _____ tel including area code _____

b) _____ tel including area code _____

c) _____ tel including area code _____

Skater's Signature (18 or over): _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if skater under 18)

Waiver Declaration:

In consideration of the privilege of using Parade Ice Garden, and understanding that there are inherent risks in connection with this activity, I (we) hereby assume these risks, waive any possible claim that may arise against the facility(ies), SportQuest Skating Academy, Parade Figure Skating Club, and any of its employees, contractors, affiliated personnel, directors, officers, for any damages or injuries sustained in the course of the activity and I (we) agree to indemnify and save harmless and not to assert a claim or sue for any such.

Skater's Signature (18 or over) _____ Date: _____

Parent's/Guardian Signature _____ Date: _____
(if skater under 18)