

## SportQuest Skating Academy Membership Form 2017-2018

Skater na	ame:		
Skater ac	ldress:		
	e, ZIP:		
Skater pe	ersonal cell (if applicable)	Skater personal Em	ail (if applicable)
-	vant skater to receive club emails or ater info that you want on club rost		
School name		Grade	
Date of Birth		Gender	-
Coach(es	) at Parade		
ISI Numb	er	ISI Test Level Passed_	
USFS Nui	mber USFS Tests P	assed	USFS Home Club
USFS me	mbership available via Starlight Ice	Dance Club, based at Parade Ice Go	arden. See starlighticedancelub.com
Parents/	Guardian	Specify relations	ship
	ionePrimary	/ Parent Cell phone	Additional parent cell
(We strong	email_ ly recommend at least one personal email. N club material not being delivered to corporat	Secondary email Many corporate email systems flag as junk o	
(We strong important of Annual N	ly recommend at least one personal email. N club material not being delivered to corporat	Secondary email Many corporate email systems flag as junk o te email addresses. Please write legibly). ce Skating Institute (ISI) membershi	r block our emails with attachments. We are not responsible for  D. All levels include membership in Parade Figure Skating
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**VOLUNTEER HOURS ARE REQUIRED WITH THIS MEMBERSHIP.** The policy is on the website under the "Membership" tab. I understand and agree to fulfill volunteer hours. Unsigned forms will be returned.

Signature Date



## SportQuest Skating Academy

member of the medical staff of any hospital o treatment*, which in his or her judgment ma	, hereby authorize any physician and/or any or emergency treatment center to render medical y be deemed necessary in the care of: ts 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 ph	none 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(if skater under 18)	Date:	
Waiver Declaration: In consideration of the privilege of using Para inherent risks in connection with this activity, possible claim that may arise against the facil Figure Skating Club, and any of its employees officers, for any damages or injuries sustaine indemnify and save harmless and not to asse	ed in the course of the activity and I (we) agree to	
Parent's/Guardian Signature (if skater under 18)	Date:	