



## Junior Club Membership Form 2017-18

*For first time, introductory club members at the level of Freestyle 1 and below and age 11 and under. Volunteer hours are not required, but appreciated. Not all club member benefits are available to Junior Club members.*

### 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: \$40.00

This is a limited membership and some club benefits are not available to Junior Members. This membership is available for the first year of club membership only and skaters must be FS1 and below and aged 11 and under at time of registration.

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



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)