

SARATOGA SYNCHRONIZED SKATING TEAMS ☆ 2009-10 Season

SKATER EVALUATION & INFORMATION FORM

PROGRAM COACH: Melissa Williams

• Member PSA, USFS, ISI • Five Years Experience Competitive Synchronized Coach • Registered Rating – Figures • Certified Rating – Moves In The Field

SARATOGA SPRINGS FIGURE SKATING CLUB - SYNCHRONIZED SKATING REGISTRATION FORM

Name _____ Parent/Guardian Name(s) _____

Mailing Address _____

Phone _____ Cell _____ Email _____

USFS # _____ Current Dance Level _____

Current MIF Level _____ Home Club _____

Synchronized Level _____

SARATOGA SPRINGS FIGURE SKATING CLUB AUTHORIZATION FOR MEDICAL TREATMENT

Emergency contact person _____ Emergency Phone _____

IDENTIFICATION Name of Skater _____ Date Of Birth _____

Parent or Guardian _____

Known Allergies _____ Special Conditions _____

Date of last tetanus shot _____ Medications now being taken _____

HOSPITALIZATION Insurance company or government program _____

I.D. or Contract Number _____ PRIMARY PHYSICIAN Name _____

Phone _____ Address _____

I do hereby appoint the Saratoga Springs Figure Skating Club to act on my behalf in authorizing unexpected medical, dental, Surgical care and hospitalization for myself or my minor child.

Signature _____ Date _____

Address _____

Phone (work) _____ (home) _____ (cell) _____

The skater will NOT be allowed on the ice if the authorization for medical treatment is not completed.

SARATOGA SPRINGS FIGURE SKATING CLUB WAIVER

In consideration of participating in Saratoga Springs Figure Skating Club-Saratoga Synchro activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity." I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "activity."

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity," the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the "activity."

I hereby release, discharge and covenant not to sue the Saratoga Springs Figure Skating Club-Saratoga Synchro, United States Figure Skating, its directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and, if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage or cost which any may incur as the result of such claim.

The Saratoga Springs Figure Skating Club-Saratoga Synchro has the right but not the obligation to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Saratoga Springs Figure Skating Club-Saratoga Synchro shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Signed: _____ Date: _____

(parent if skater is minor child)

The skater will NOT be allowed on the ice if the Waiver is not completed.

Send Completed Registration form, Medical Authorization, and signed Waiver form to:
SSFSC - Synchronized Skating c/o Melissa Williams • 108 Chelsea Drive • Saratoga Springs, NY 12866



Saratoga Springs Figure Skating Club - Saratoga Synchronized Skating Programs
www.saratogasynchro.info