Escanaba Area Figure Skating Club Registration
Family Information & Release Form 2019-2020

Please Print Clearly

Parent/Guardian (please print): _____ _____
Last **First**

Street Address: _____ **City:** _____ **Zip:** _____

Phone Number: _____ ☐**Home** ☐**Cell** ☐**Work** **Email:** _____

First Skating Member: Skater: First Name_____ MI____ Last _____

USFSA #: _____ Birthdate: _____ Grade: _____ School: _____

Do you designate the EAFSC as your home club? Yes / No Number of years in the EAFSC _____

Current Freestyle Level: _____Current Dance Level: _____Current MIF Level:_____

Second Skating Member: Skater: First Name_____ MI____ Last _____

USFSA #: _____ Birthdate: _____ Grade: _____ School: _____

Do you designate the EAFSC as your home club? Yes / No Number of years in the EAFSC _____

Current Freestyle Level: _____Current Dance Level: _____Current MIF Level:_____

Emergency contact(s): _____ Phone:_____

Health Care Provider: _____ Physician: _____ Phone:_____

Skater health issues or disabilities: _____

Consent for Participation

I hereby grant permission for my child to participate in the actives of the Escanaba Area Figure Skating Club and certify that my child is physically capable of participation in those actives. I understand the club, its officers, members, professionals, coaches and agents assume no responsibility for injuries incurred during the participation in club activities. As in any athletic program, I realize that the possibility of injury exists. I understand that reasonable precautions will be made to prevent injuries from happening. I understand that my picture or my child's picture may be used in club publications, advertisement and promotion in print. I further understand that it is my responsibility to notify the club in writing if I want to revoke or restrict my permission to use my photograph.

Authorization for Medical Treatment

I authorize the Escanaba Area Figure Skating Club through its professionals, supervising officers or volunteers to secure treatment for me/my child which may be medically necessary in the event of illness or injury during participation in club activities.

Release Liability

I recognize that neither rink staff nor EAFSC officers, board members, coaches or rink management are responsible for my child before, after or during Club activities. I assume responsibility for picking up my child immediately after any club activity. In recognition of the fact that I/my child may be injured during club activities, I expressly assume the risk of such injury. I release and discharge the EAFSC, its officers, members and coaches from any and all claims and damages for personal injury and/or property damage which may arise from or out of me/my child's participation in club activities including but not limited to instruction, use of ice and participation in ice shows, both on the ice and off.

Consent to Abide by Rules and Regulations

I hereby agree to abide by the by-laws of the EAFSC, to observe the rules and policies of the club, and to observe ice etiquette, respect and courtesy at all times. I also agree to observe all rules, policies, and procedures of the United States Figure Skating Association and any rules of the rink complex during sessions at the rink. I understand that failure to abide by these rules may result in loss of ice time and/or membership privileges.

Skater's Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____
(If skater is under 18 years of age)