

SARATOGA STARS

SKATER REGISTRATION

2017 SEASON

Please print and complete all items. Diagnostic information is for Saratoga Stars use only.

Skater information:

Name: _____

___ Male ___ Female Date of Birth: _____

Street: _____

City/State: _____ Zip: _____

Phone: _____

Email: _____

Skate Height: ___ ft ___ in Weight: _____

Shoe Size: _____

Skater's School: _____

Saratoga Adaptive Ice Skating Stars

PO Box 166

Saratoga Springs, NY 12866

518-583-3900

Parent/ Guardian Information:

Parent/ Guardian Name:

Address (If different from Participants address above)

Street: _____

City/ State: _____ Zip: _____

Phone: _____

Email: _____

Alternative Emergency Contact:

Name: _____

Phone: _____

SARATOGA STARS

SKATER REGISTRATION

2017 SEASON (Continued)

Please print and complete all items. Diagnostic information is for Saratoga Stars use only.

Diagnostic Information:

(Please check all that apply to skater)

Skater wears braces/ AFOs

_____ Yes _____ No

Skater has a Hearing Impairment?

_____ Yes _____ No

Hearing Aids?

_____ Yes _____ No

How does skater communicate?

_____ Sign Language

_____ Reads Lips

_____ Non-verbal

_____ Verbal

Does Skater have functional vision?

_____ Yes _____ No

_____ Skater has seizures (please clarify)

What type? _____

How often? _____

Typical duration: _____

Last seizure occurred on _____

Skater has a shunt _____ Yes _____ No

_____ Skater has Autism

_____ Skater has Cerebral Palsy (CP)

_____ Skater has a Learning Disability

_____ Skater has neck immobility

_____ Skater is Mentally Challenged (please indicate type)

_____ Mild _____ Moderate _____ Severe _____ Profound

_____ Skater has Spina Bifida

Approx level _____

_____ Other _____

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Agreement/Permission Statement:

(Words enclosed in brackets are for a parent or guardian of participants who are under the age of 18 and/or require such additional permission.)

I agree/ give my permission for the skater listed on this form to participate with the Saratoga Stars program in weekly adaptive ice skating sessions and the ice show at the conclusion of the program season, and to cooperate fully with those in charge of each activity and event.

I agree/ give my permission for the skater listed on this form to be photographed, videotaped, or interviewed by any television, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Saratoga Stars published materials or in other ways for the enhancement of the Saratoga Stars program.

I understand [on behalf of the skater listed on this form] that ice skating involves some physical risk.

NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.

Skater Signature (if 18 or older)

Parent Guardian Name (If skater under age 18) (Please Print)

Parent Guardian Signature (If skater under age 18)

Date: _____

Other medical limitations/precautions (please specify:)

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