

# SARATOGA STARS

## SKATER REGISTRATION

### 2026 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

518-788-7570

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

2026 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 has Intellectual Disability

(please indicate type)

\_\_\_\_ Mild \_\_\_\_ Moderate \_\_\_\_ Severe \_\_\_\_ Profound

\_\_\_\_ Skater has Spina Bifida

Approx level \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

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Saratoga Springs, NY 12866

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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:

\_\_\_\_\_

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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