

June 23rd & 24th

Summer

Splice 2018

SYNCHRONIZED SKATING SKILLS CAMP

A two day intensive skating camp taught by world class coaches to train skaters and improve their synchro skills.

## MEDICAL INFORMATION AND WAIVER

PLEASE NOTE THIS FORM IS NOT REQUIRED FOR ANY ROSTERED SKYLINERS

### Contact Information

Skaters Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Insurance Information

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Person to Notify In Case of Emergency

Name: \_\_\_\_\_ Relationship to Skater: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Information

Immunizations: Please list most recent

DPT \_\_\_\_\_

MMR \_\_\_\_\_

Hepatitis A \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Flu \_\_\_\_\_

Other \_\_\_\_\_

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**Summer Splice 2018**  
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**Please list all Medical Conditions, including Allergies:**

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**Please list all Medications:**

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**Medical and Liability Waiver**

I \_\_\_\_\_ of (address) \_\_\_\_\_  
 City \_\_\_\_\_ State of \_\_\_\_\_ voluntarily desire to enroll myself/my  
 child \_\_\_\_\_ (skater's name) in Summer Splice sponsored by Skyliners  
 Synchronized Skating Team and that I/my child am/is physically able to participate in Summer Splice  
 and have no medical condition that would affect participation. I certify that I am cognizant of all the  
 inherent dangers, risks and hazards associated with ice skating. In consideration of being permitted to  
 enroll, I hereby voluntarily assume all risks of accident or injury to my person or property, whether  
 foreseen or unforeseen. I hereby release Summer Splice and Skyliners Synchronized Skating Team,  
 its employees, agents and representatives from any claim, liability, demand or suit of any kind  
 sustained, whether or not caused by the negligence of Summer Splice or Skyliners Synchronized  
 Skating Team, its coaches, employees, agents, volunteers and representatives. I further agree to  
 indemnify and hold Summer Splice and Skyliners Synchronized Skating Team, its employees, agents  
 and representatives harmless from any claim, liability, demand or suit arising out of alleged  
 malfeasance, misfeasance or nonfeasance arising in connection with the Summer Splice or Skyliners  
 Synchronized Skating Team. This release shall be binding upon my heirs, administrators, executors  
 and assigns. Any photographs taken by Summer Splice or Skyliners Synchronized Skating Team  
 Staff are the property of the Skyliners Synchronized Skating Team. I represent that I am of lawful age  
 and legally competent to sign this release; that I understand that the terms herein are contractual;  
 and that I have signed this document as my own free act. By signing this release, I certify that I have  
 read and fully understand the conditions herein provided.

Parent/Guardian/Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Contact:** By signing this form above, I also consent to be included on all Skyliners SST  
 mailings, emails and updates until such time that I ask to be removed from the Skyliners mailing list by  
 sending a request for removal to [info@skylinerssynchro.com](mailto:info@skylinerssynchro.com)

Return completed registration form with payment to: Skyliners Synchronized Skating Team  
 e-mail: [info@skylinerssynchro.com](mailto:info@skylinerssynchro.com).