



2009 SYNCHRONIZED SKATING TEAM APPLICATION

2009/2010 SKATING SEASON

Registration must be received by September 30, 2009

Mail Registration to: Everett Silver Blades, C/O Diane Smith, 328 97th Ave SE, Lake Stevens, WA 98258

All registration forms must be complete prior to participation. If under 18 years of age, parent or legal guardian must sign the Medical and Liability Release.

Name: _____ Age: _____ DOB: ____/____/____ M ____ F ____ Email Address _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone (____) _____ USFS # (Must be a current member of USFS or USFS Learn to Skate): _____

Tests Passed: Field Moves-_____ FS-_____ Dance-_____ Current Team: _____ Level: _____

Signature of Skater: _____ Signature of Parent: _____

Medical and Liability Release

I, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the Everett Silver Blades skating season and fully participate in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize medical treatment deemed necessary. I hereby release Everett Silver Blades, Everett Figure Skating Club, Comcast Community Ice Arena, and their agents, employees, coaches, officers, directors and representatives, acting officially or otherwise, from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical or dental care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity, program, or workshop there is a possibility of physical illness or injury and that my son/daughter is assuming the risk of such injury by his/her participation.

I further authorize the program director or his/her counselors to administer non-prescription analgesics for minor medical problems such as headaches, etc.

Parent/Guardian Signature

Date