



**Great Neck Figure Skating Club**  
Great Neck, New York

**Consent for Medical Attention or Treatment**  
**2024 - 2025**

I certify that I, the member, or I, the parent/guardian of the participant, give my consent to the **Great Neck Figure Skating Club** and the facility the activities are taking place in and their staff and to members of the **Great Neck Figure Skating Club**, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or the participant for any injury that could arise from participation in these activities.

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Print Name of Club Member USFS No. & Home Club

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Signature of Club Member Date

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Print name of Parent(s)/Guardian(s)

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Signature of Parent/Guardian Date

This consent for medical attention shall be binding and effective for the  
2024- 2025 membership year of the **Great Neck Figure Skating Club New York.**