



Nantucket Skating Club

JoySkate Clinic

July 26, 2019

Adult Registration Form

Skater's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Skater Cell Phone : _____

Skater E-mail : _____

Skater DOB : _____ Skater USFS #: _____

Skater's Home Club: _____ Coach: _____

Highest USFS Test Passed (if applicable):

Basic Skills _____ (Must have passed BS level 4)

Moves in the Field _____

Freestyle _____

Dance _____

Adult Clinic - \$50 NSC Members - \$75 Non-NSC Members

Friday - OFS at 4:30pm - 5:20pm

Clinic 5:30pm - 7:20pm

NSC 2019-2020 Membership Renewal must be received before JoySkate Registration to receive member pricing

- The clinic has a limited class size; this is a first-come, first-serve sign-up
- Registration forms must be received by June 28th with \$25 non-refundable deposit
- Registration forms received after June 28th will be accepted on a space available basis with a \$25 late processing fee
- Full non-refundable payment must be received by July 5th
- Payments in full received after July 5th will be charged a late processing fee of \$25
- Please make checks payable to Nantucket Skating Club

Return completed registration form, medical form and payment to:

Nantucket Skating Club, PO Box 3155, Nantucket, MA 02584 or

nantucketskatingclub@gmail.com

Payment Received by _____ Date: _____ Amount: \$ _____

Check # _____ Cash \$ _____ Credit Card _____

Credit Card Number: _____ Exp ___/___ CID _____ Zip Code _____



Nantucket Skating Club

2019 JoySkate Clinic

Medical Form

This form is to be used for any and all Nantucket Skating Club and Nantucket Ice skating related matters during the 2019 JoySkate Clinic

Skater's Full Name: _____ Sex: _____
Birth Date: _____ Age: _____ Height: _____ Weight: _____
Address: _____ City: _____ State: _____ Zip: _____
Best contact E-mail: _____ Best Contact Cell Phone: _____

List any special conditions:

(I.e. allergies, specify injuries, weaknesses, eyeglasses, contacts, hearing aid, anxieties, hyperactivity, learning disabilities etc.)

Current medication(s) if any that your child will have with them at all times in case of an emergency:

(I.e. EpiPen, Epilepsy Medication etc.)

Current or recurring injuries that we should be aware of or may re-occur during the regular course of this activity:

Current medical treatments being administered (ie: physical therapy, regular chiropractic treatment, etc)

Please check those that apply and provide necessary details:

Chronic ailments:

- Asthma or other respiratory problems
- Circulatory or heart problems
- Diabetes or hypoglycemia
- Epilepsy / Seizures
- Hemophilia or other bleeding problems
- Other, please describe: _____

Allergies:

- Bee stings or other insect bites:
- Foods: _____
- Medications: _____
- Other, please describe _____

Immunizations: (Please date of most recent)

Tetanus: _____ MMR: _____
Hepatitis A: _____ Hepatitis B: _____
Flu: _____

Physician: _____ Phone number: _____

Dentist: _____ Phone number: _____

Insurance Carrier: _____ Policy ID #: _____

Name of Insured: _____ Insurance Phone #: _____

Emergency contacts:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____

I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the supervision of any qualified health care professional or staff of any hospital holding a current operational certificate issued by the State Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if the undersigned cannot be reached.

Skater/Guardian Signature: _____ **Date:** _____



Nantucket Skating Club

2019 JoySkate Clinic

Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (“Agreement”)

2019 JoySkate Clinic

Name of Skater: _____

In consideration of participating in Nantucket Skating Club activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”.

I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the “activity”.

I hereby release, discharge, and covenant not to sue Nantucket Skating Club, Nantucket Ice, United States Figure Skating, it’s directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releases” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

Nantucket Skating Club and Nantucket have the right, but not the obligation, to provide rules, regulations and/or ice monitors for club ice. We hereby acknowledge that Nantucket Skating Club and Nantucket Ice shall not be responsible for the supervision of the skaters at Club Ice.

I hereby grant permission for myself or child/ward to participate in the activities of Nantucket Skating Club (NSC). I understand that my or my child’s name and photograph may be used in NSC publications, advertisements and promotions in print or on the NSC website and other NSC social media. I further understand that it is my responsibility to notify NSC in writing if I want to revoke or restrict permission to use my or my child’s name or photograph in this manner.

I hereby agree that I or my child’s will abide by the Bylaws of Nantucket Skating Club and will adhere to the Code of Conduct, rules, and policies of Nantucket Skating Club and its sessions as well as U.S. Figure Skating, and will observe ice etiquette and courtesy at all times. Total Clinic Registration Fees are due and payable upon signing and submitting the Application/Registration form. I understand that failure to abide by these rules may result in suspension or loss of membership privileges.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Skater/Guardian Signature: _____ **Date:** _____



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PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT

I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claims against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of any such claim.

Parent/Guardian Signature: _____

Date: _____

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the skater, or I, the parent/guardian of said participant, give my consent to the and the facility the activities are taking place in and their staff and to members of Nantucket 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 said participant for any injury that could arise from participation in these activities.

Skater/Guardian Signature: _____

Date: _____

SAFE SPORT PROGRAM RELEASE

On July 1, 2013, U.S. Figure Skating implemented the Safe Sport program, which seeks to ensure that its members can participate in figure skating in a safe and harassment-free environment. By participating in the Edge Clinic, I agree to adhere to the Safe Sport policies. Detailed information can be found at <http://www.usfsa.org/shell.asp?sid=49066>. The information stated above is complete and accurate. As the skater or parent/guardian, I/we fully understand the hazards associated with ice skating and do hereby absolve Nantucket Skating Club and Nantucket Ice from any liability or claim for injuries or damage that may occur at any events or practices sponsored Nantucket Figure Skating Club.

Skater/Guardian Signature: _____

Date: _____

These Consent and Releases shall be binding and effective for the entirety of the clinic 7/26/19 – 7/28/19 while participating in the JoySkate Clinic or during Open Freestyle Sessions