



**2017-2018
CAMILLUS FIGURE SKATING CLUB
MEDICAL PERMISSION FORM**

Skater's Names: _____ DOB: _____
_____ DOB: _____
_____ DOB: _____

Parent/Guardian Information

Last Name: _____
First Name: _____
Street Address: _____
City: _____
State/Zip: _____
Email Address: _____

Emergency Medical Information such as allergies, pre-existing medical conditions, etc:

Physician's Name: _____ Phone #: _____

During the figure skating session, I may be reached at:

Home Phone # _____ Cell # _____

As the parent/guardian of the above named child(ren), I hereby give my approval to his/her/their participation in any and all Camillus Figure Skating Club activities during the current season. I understand that the above named child(ren) is/are/their skating at his/her own risk and that every precaution will be taken to ensure their safety.

Parent/Guardian Signature: _____ Date: _____

If you cannot be reached in the event of an emergency, please contact:

Name: _____ Relationship to child(ren) _____

Home Phone # _____ Cell #: _____

**A PARENT/GUARDIAN MUST ACCOMPANY ALL SKATERS AGE 10 AND UNDER
WHILE THEY ARE SKATING AT THE RINK!**