

Town of Hoosick
Learn to Skate Program

Skaters Name _____

Parents Name _____

Street Address _____

City/ Town _____ State _____ Zip _____

Phone Number _____

Email _____

Year Skater Started _____

Passed Levels with years

Basic 1 _____ Basic 2 _____ Basic 3 _____ Basic 4 _____

Basic 5 _____ Basic 6 _____ Basic 7 _____ Basic 8 _____

Freestyle 1 _____ Freestyle 2 _____ Freestyle 3 _____

Freestyle 4 _____ Freestyle 5 _____ Freestyle 6 _____

Hockey 1 _____ Hockey 2 _____ Hockey 3 _____ Hockey 4 _____

Emergency Contacts

Name _____ Relationship _____

Number _____

Name _____ Relationship _____

Number _____

It is understood that ice skating carries the risk of personal injury and that my child's participation in both on and off- ice activities is performed at his/ her own risk. In the event of an emergency illness/ injury, I give permission for transportation and emergency medical treatment by hospital, clinical, medical personnel deemed necessary. I understand that the Town of Hoosick, as well as its director(s), officers, and instructors assume no responsibility for injuries to lesson participants or guests.

Parent/ Guardian Signature _____

Date _____

My health insurance carrier is: _____

Please indicate below any health problems the Town of Hoosick should be aware of including allergies or daily medication.

Physician: _____