

Wheeling Skate Club Medical Release Form

Skater's Name _____ Birth Date: ____/____/____
Parent/Guardian Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____

Note: It is required that all skaters in SNOWPLOW SAM as well as LTS 1 & is strongly recommended for LTS 2, wear a HELMET while on the ice. It is also required that a parent or guardian of a skater **10 years or younger** be present AT ALL TIMES when he/she is at the rink for activities and lessons organized by the Wheeling Skate Club.

CONSENT FOR MEDICAL ATTENTION OR TREATMENT

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Wheeling Skate Club and the facility the activities are taking place in and their staff and to members of the Wheeling Skate Club, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital, 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.

PURPOSE OF THIS FORM:

Authorization for emergency treatment of a skater when a parent or guardian cannot be reached:

I hereby authorize first aid and/or emergency treatment to be provided as needed:

Signed (in ink) _____ Date: _____

Medical Information:

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Alternative Numbers to Call:

Name: _____ Phone: _____

Relation: _____ Cell: _____