



Release & Commitment

I. Data—Please complete the following table:

Medical Information		
Skater's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First) (MI) (Last) </div>		
Emergency Contact: _____ Relationship to skater: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Name) </div>		
_____ <div style="display: flex; justify-content: space-around; font-size: small;"> ()- - (Telephone #) ()- - (Additional Telephone #) (e-mail) </div>		
Physician: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Name) ()- - (Telephone #) (Facility) </div>		
Dentist: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Name) ()- - (Telephone #) (Facility) </div>		
Insurance: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Company Name) (Policy Number) (Policy Holder) </div>		
Other Information: _____ <small>Allergies, Special Instructions, Medications, etc:</small>		

II. Consent for medical treatment—Please read and sign the following:

As a legal guardian of the Skater named above, I indicate by signing below that I authorize any medical professional to perform any medical procedure for which he is qualified that is required to restore and maintain the health of the Skater.

_____ (Parent's or Guardian's Printed Name) _____ (Signature) _____ (Date)

III. Commitment—Please read and sign the following:

As KICKS participants we indicate by signing below that the skater is a member of GGBFSC, that we understand and agree to be bound by the policies and intent of the *GGBFSC KICKS Handbook*, and that we commit to the requirements of KICKS membership for the duration of this SIS Season.

_____ (Skater's Printed Name) _____ (Signature) _____ (Date)

_____ (Parent's or Guardian's Printed Name) _____ (Signature) _____ (Date)

_____ (Parent's or Guardian's Printed Name) _____ (Signature) _____ (Date)

IV. Please return this form with a copy of the skater's birth certificate to the Director/ Head Coach within 10 days of enrollment.