



Center State Speed Skating 2009 Camp Registration Form

Please PRINT Legibly

Mail to: Jennifer Barber, 5137 Glass Factory Rd, Munnsville, NY 13409

Include check (payable to Jennifer Barber), waiver, medical release (if under 18) and this form.

Skater Name: _____ Age on 8/1/09: _____

Contact Phone: _____ Email: _____

Address: _____

500m Time: _____ Years Skating: _____

Tell us a little about your skating (strengths, weaknesses): _____

What is your main goal in attending the camp: _____

Number Attending Saturday Picnic: _____ (skaters, family & friends invited)

Optional:

Lodging in campus dorms \$20/night per person Fri #: _____ Sat #: _____

Lodging at the Commons \$50/night per person Fri #: _____ Sat #: _____

Campus meal plan \$22/day per person Sat #: _____ Sun #: _____

Add camp fee: \$100 Total Amount Enclosed: _____

Skater Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Name & Number: _____

Morrisville IcePlex Events

In consideration of your permitting (Child or Self)

to use the Morrisville State College IcePlex, Morrisville, NY, for any purpose whatsoever, I hereby covenant and agree with Morrisville Auxiliary Corporation/Blue Line Hockey, the owners, the officers, agents, and employees, and all persons engaged as instructors or administrators in any programs in which he/she may be a participant, to indemnify and hold harmless, each and every one of them from and against all claims, liability, loss, cost, damage and expenses which may in any way arise out of, or in connection with, the use by him/her of such facilities, including without limitation all claims he/she might have for personal injury or property damages to him/her or so arising. I understand that all video and photo images taken are solely the property of Morrisville Auxiliary Corp. and may be used in promotional and instructional media. I also give consent to administer first aid and emergency transport to the nearest medical facility.

Signature (Parent or Guardian): _____

Please note any illnesses or medical conditions the person may have that the IcePlex staff should be made aware of:

AUTHORIZATION FOR MINOR'S MEDICAL TREATMENT

Child

Full Legal Name: _____
Date of Birth: _____ Age: _____ Gender: _____

Doctor's Information

Doctor's Name: _____
Doctor's Address: _____
Doctor's Office Phone: _____ Doctor's Emergency Phone: _____
Medical Insurer/Health Plan: _____ Policy #: _____
Allergies to Medications: _____
Allergies (Other): _____
Date of Last Tetanus Shot: _____
If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Parent(s)/Legal Guardian(s):

Parent #1:

Name: _____
Address: _____
Home phone: _____ Cell phone: _____

Parent #2:

Name: _____
Address: _____
Home phone: _____ Cell phone: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for ANY SENIOR STAFF MEMBER OF THE MORRISVILLE ICEPLEX OR CENTER STATE SPEEDSKATING CLUB ADULT MEMBER (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing on the _____ day of _____, 20____ and expiring one year from the date signed.

Signed this _____ day of _____, 20 ____.

Parent #1's Signature

Parent #2's Signature