



FRIDAY NIGHT SKATING - Registration Form

Skater's NAME _____ PARENT NAME(S) _____

ADDRESS _____ PHONE # () _____

CITY/TOWN _____ DATE OF BIRTH _____

SCHOOL _____ GRADE IN SCHOOL (circle one) 4 5 6

EMAIL ADDRESS: (parent) _____

INSURANCE COMPANY _____ POLICY # _____

Important -> LOCAL ADULT, OTHER THAN PARENT, TO CONTACT IN CASE OF AN EMERGENCY:

NAME _____ PHONE # () _____

PARENT PERMISSION

My child _____ has my permission to participate in the Glenn Memorial Friday Night Skating Program. I understand that there are risks involved in this activity, and I absolve Glenn Church and the adults who work with the program of any guilt or blame in the event of accident or injury to my child. Furthermore, I grant permission for the supervisors to get medical help should they be unable to reach me in the event of an accident.

SIGNATURE OF PARENT/GUARDIAN

DATE

SKATER'S AGREEMENT

I wish to participate in the Glenn Memorial FN Skating Program and agree to do so with consideration and care for the other skaters and for the equipment I use. I will follow the rules of the gym and I will remain inside the building during the time of skating (7:00 to 9:00). I understand that it is my responsibility to skate gently to avoid injury to myself and to others. If I consistently disobey the rules, I may be asked to leave and my parent(s) or guardian(s) will be contacted.

SIGNATURE OF SKATER

DATE

PARENT VOLUNTEERS REQUIRED

We run the Skating Program with your assistance as volunteers. Skating continues as long as we have at least 5 volunteers each night to assist as assigned. Your participation is essential to the ongoing success of the program. Please look at your calendars and schedule at least one Friday night to help with this awesome event! IT'S FUN!

Circle the month that is your preference and anticipate a call from the Skating Director to set a date(s)! OR sign up on the sheet at the Registration Table -

OCTOBER	NOVEMBER	DECEMBER
JANUARY	FEBRUARY	MARCH
		APRIL