



2023-2024 ATHLETE REGISTRATION

Primary Volunteer: _____

Secondary Volunteer: _____

GLIDING STARS OF CENTRAL FLORIDA, INC

321-296-9543

info.glidingstarsflorida@gmail.com

Mailing Address: P.O.Box 162711 Altamonte Springs, FL 32716

Are you a New Athlete to Gliding Star of Central Florida, Inc ? YES NO LOCATION: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City / Zip Code: _____

In an effort to keep you informed of changes to practice times/dates, upcoming events and weekly coach feedback, please provide at least one mobile number that you may be reached at consistently:

Primary # _____ Secondary # _____

Email: _____

Date of Birth: _____ Female Male Other Gender Identity Primary Language Spoken: _____

Physician Name: _____ Physician #: _____

Health Insurance Company: _____ Insurance #: _____

Parent / Guardian Info (Required if minor or otherwise has a legal guardian)	Emergency Contact <input type="checkbox"/> Same as Parent/Guardian
Name:	Name:
Relationship:	Relationship:
Contact #:	Contact #:
Email:	Email:
Address:	Address:

www.glidingstarsflorida.com



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Ethnicity:

- American Indian/Alaskan Native, White or Caucasian, Prefer not to answer, Asian American, Hispanic or Latin X, Black or African American, Native Hawaiian or Other Pacific Islander

Show Costume sizing:

Height: _____
Weight: _____
Shirt size: _____
Pant size: _____

Diagnosis:

- Autism, Cerebral Palsy, Congenital Heart Defects, Down syndrome, Hearing Impairment, Emotional Disability, Epilepsy/Seizure Disorder, Spina Bifida, Speech Impairment, Intellectual Disability, Neurological Disorder, Stroke, Vision Impairment, Other Non-Specified

Assistive Devices Needed:

- AFO's / Braces, Glasses/Contacts, Crutches, Hearing Aid, Cane, Walker, Wheelchair, Other: _____

Does the Athlete have a shunt?

- Yes, No

How does the Athlete communicate?

- Verbally, Non-verbal gestures, Sign Language, Other

Does the Athlete have use of their hands?

- Yes, No

Program Agreement / Release Statement

I agree to the following:

- Ability to Participate, Personal Information, Likeness Release, Risk of Concussion & Other Injury

I have read and understand this form. I will ask a Gliding Stars representative if I have questions about this form. I individually, and on behalf of the Athlete listed on this form, and for such persons' personal representatives, assigns, heirs, and next of kin, assume all risk of and agree to indemnify, defend, and hold harmless Gliding Stars (including its directors, officers, employees, agents, and volunteers) from and against, any and all injuries and losses to person or property, death, liabilities, damages, claims and causes of action (including, but not limited to negligence and gross negligence), expenses, fines, penalties, interest, fees (including attorney's fees), costs, and obligations of any nature arising as a result of or in connection with the Activity and my use or use by the skater of any equipment or property of Gliding Stars.

Athlete Name: _____ Signature: _____

Parent/Guardian: _____ Signature: _____