

## 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 Na	ame: Middle Initial:					
ldress: 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						
Physician Name:	Physician #:					
Health Insurance Company:	Insurance #:					
Parent / Guardian Info (Required if minor or otherwise has a legal guardian)	Emergency Contact Same as Parent/Guardian					
Name:	Name:					
Relationship:	Relationship:					
Contact #:	Contact #:					
Email:	Email:					
Address:	Address:					



## GLIDING STARS OF CENTRAL FLORIDA, INC

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Ethnicity:			Show Costume sizing:			
American Indian/Alaskan Native	White or Caucasian	Prefer not to answer	Height:			
Asian American	Hispanic or Latin X		Weight:			
Black or Afrian American	Native Hawaiian or Other F	Pacific Islander	Shirt size:			
Diagnosis:			Pant size:			
Diagnosis.						
Autism	Hearing Impairment	Spina Bifida	Neurological Disorder			
Cerebral Palsy	Emotional Disability	Speech Impairment	Stroke			
Congenital Heart Defects	Epilepsy/Seizure Disorder	Intellectual Disability	Vision Impairment			
Down syndrome	Type: How Often:	Mild Moderate	Other Non-Specified			
	Last Seizure Date:	Severe	Please describe:			
Assistive Devices Needed:	Does the Athlete have a					
AFO's / Braces Glasses/Conta	acts Yes No		es the Athlete have use of their nds?			
Crutches Hearing Aid	How does the Athlete	communicate?	Yes No			
Cane Walker	Verbally	Non-verbal gestures	3			
Wheelchair Other:	Sign Language	e Other				
	gram Agreement / Releas	e Statement_				
l agree to the following:  • Ability to Participate Lam physically	able and agree to participate	in the Cliding Stars of Co	entral Florida Inc. ("Gliding			
• Ability to Participate. I am physically able and agree to participate, in the Gliding Stars of Central Florida, Inc. ("Gliding Stars") weekly adaptive ice skating sessions, fundraising events, and an end of season Showcase (the "Activity").						
Personal Information. I understand that Gliding Stars will be collecting my personal information as part of my						
participation in the Activity, including my name, image, address, telephone number, health information, and other						
personal identifying and health related information. I agree to provide Gliding Stars this information as a condition of my						
participation.						
Likeness Release. I give permission to information to publish promote and						
information to publicly promote and raise funds for and acknowledge the Activity and Gliding Stars.						
• Risk of Concussion & Other Injury. I know there is a risk of concussion and other injury, which may be serious, with this Activity, such as bruises, cuts, broken bones and also injuries that may result in death. I understand the risks of						
continuing to participate with or after a concussion or other injury. I may require medical care if I have a suspected						
concussion or other injury, may have to wait 7 or more days and get permission from a doctor before I participate in this						
Activity again.						
I have read and understand this form	m. I will ask a Gliding Stars	representative if I have	e questions about this			
form. I individually, and on behalf of	the Athlete listed on this f	orm, and for such pers	sons' personal			
representatives, assigns, heirs, and r	next of kin, assume all risk	of and agree to indem	nify, defend, and hold			
harmless Gliding Stars (including its	directors, officers, employ	ees, agents, and volun	teers) 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	d obligations of any nature	arising as a result of c	or in connection with the			
Activity and my use or use by the sk	ater of any equipment or p	property of Gliding Sta	rs.			
Athlete Name:	Signature:_					
Parent/Guardian:	Signature:					