

# GSC MEDIA & MEDICAL FORM 2011-2012

**SKATER:**

## Media Opt-Out

The Gloucester Skating Club would like to share with the community the many accomplishments taking place in our club. Throughout the year there are a number of times when skaters are photographed, interviewed or videotaped during public events.

It is the desire of the Gloucester Skating Club to use our skaters' photographs, interviews and videos to promote their skating successes on our website and in our showcases, as well as through media releases to the public. If you **do not** want the primary registrant's name, photo or accomplishments shared publicly on the web or in the media please select "Media Opt-Out" below.

\_\_\_ Media Opt-out

*(This release will remain in effect from September 1, 2011 to August 31, 2012.)*

## Medical Information

**I / WE:**

Name of Parent(s) or Legal Guardian(s)

As the Parent(s) or Legal Guardian(s) hereby authorize

Print Name of Skater's Primary GSC Coach

While attending 2011-2012 Gloucester Skating Club seasonal school(s) to secure such medical advice and services as may be deemed necessary for the health, safety and well-being of

**SKATER:**

**I / We hereby accept all financial responsibility in excess of the benefits allowed by OHIP or any other insurance coverage.**

Whilst it is further agreed that every care and attention will be given to safeguard the health, safety and welfare of the skater, it is agreed that neither the Gloucester Skating Club ("GSC") and Skate Canada is responsible for any injury, loss or damage caused by the skater while traveling to or from or while participating in the said program, practices, competitions or other activities.

The skater, or his/her parent(s)/legal guardian(s) who has/have signed this form, shall indemnify Gloucester Skating Club and Skate Canada, and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage.

**SKATER if 18 or over:**

**PARENT/GUARDIAN:**

Emergency Contact Name (other than parent): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Medical Conditions/Medication(s) (please list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Note:** This form must be signed and returned with your registration in order for the skater's registration to be processed. Incomplete forms will result in a delay in processing your registration.