



**PERMISSION FOR MEDICAL TREATMENT
LIABILITY AND WAIVER**

RE: Name of Skater

I / We

Name Parent(s) or Legal Guardian(s)

as the Parents(s) or Legal Guardian hereby authorize

Print Name of Temporary and GSC Coach

while attending 2009 - 2010 Gloucester Skating Club seasonal school(s) to secure such medical advise and services as may be deemed necessary for the health, safety and well-being of

RE: Name 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 holding 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(s) or Legal Guardian(s)

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.

IN CASE OF EMERGENCY

#1 CONTACT:

NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
HOME PHONE	<input type="text"/>	WORK PHONE	<input type="text"/>
CELL PHONE	<input type="text"/>		
ADDRESS	<input type="text"/>		

#2 CONTACT:

NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
HOME PHONE	<input type="text"/>	WORK PHONE	<input type="text"/>
CELL PHONE	<input type="text"/>		
ADDRESS	<input type="text"/>		

#3 CONTACT:

NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>
HOME PHONE	<input type="text"/>	WORK PHONE	<input type="text"/>
CELL PHONE	<input type="text"/>		
ADDRESS	<input type="text"/>		

MEDICAL INFORMATION

OHIP/Provincial Health Care #

List of Medical Conditions/Problems

List of Medications

DATE OF LAST TETANUS SHOT: (YYYY-MM-DD)

Incomplete forms will result in a delay in processing your registration.