

**Nantucket Skating Club
Nantucket Edge Skating Clinic
2011 Medical Registration**

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Date of Birth: _____ Cell Phone: _____

Medical Insurance Information

Insurance Carrier: _____

Name of Insured: _____ Policy #: _____

Insurance Company Phone Number: _____

Name of Physician: _____ Phone: _____

Person to Notify In Case of Emergency

Name: _____

Relationship to Skater: _____ Phone: _____

Cell Phone: _____ Evening Phone: _____

Medical Information

Please list any allergies:

Immunizations: (Please list most recent)

Tetanus

MMR

Hepatitis A

Hepatitis B

Flu

Medical Issues:

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Menstruation | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Seizures / Fainting Spells | |

Medications: Please list all medications currently being taken including birth control, vitamins, herbal remedies, over-the-counter drugs, etc.

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Current Injuries:

Type	Date Occurred	Treatment
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Past Injuries:

Type	Date Occurred	Treatment
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Past Surgeries:

Type	Date Occurred	Treatment
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Release

I _____ of (address) _____
City _____ State of _____ voluntarily desire to enroll myself/my Child in the Nantucket Skating Club, Nantucket Edge Clinic. I certify that I am cognizant of all the inherent dangers, risks and hazards associated with ice skating. In consideration of being permitted to enroll; I hereby voluntarily assume all risks of accident or injury to my person or property, whether foreseen or unforeseen. I hereby release the Nantucket Skating Club, its employees, agents and representatives from any claim, liability, demand or suit of any kind sustained, whether or not caused by the negligence of Nantucket Skating Club, its employees, agents and representatives. I further agree to indemnify and hold Nantucket Skating Club, its employees, agents and representatives harmless from any claim, liability, demand or suit arising out of alleged malfeasance, misfeasance or nonfeasance arising in connection with the Nantucket Skating Club. This release shall be binding upon my heirs, administrators, executors and assigns. Any photographs taken by Nantucket Skating Club representatives are the property of the Nantucket Skating Club. I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free act. By signing this release, I certify that I have read and fully understand the conditions herein provided.

Parent/Guardian/Adult Participant Date