Gliding Stars of Erie
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Erie, PA 16514

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Gliding Stars of Erie, Inc
ADAPTIVE ICE SKATING PROGRAM

For GSE use:

$_____#_____ON_____
$_____#_____ON_____
$_____#_____ON_____
$_____#_____ON_____

Skater Registration Form 2026-2027

Please print and complete all items. Diagnostic information is for Gliding Stars of Erie, Inc use only. $50 non-refundable registration fee (with balance of $100 due on or BEFORE November 24,2026) or $150 total annual registration fee is due with this form **** Cash, check made to Gliding Stars of Erie or VENMO ********

Skater's Last Name:	Skater's First Name:	Date of Birth:	: Gender: ☐ Male ☐ Female
Street Address:	City:	State::	Zip Code::
Home Phone:	Cell Phone:	Email:	
:: Years Skating with the Program: _____Years _____ New this Year (Welcome!)	:		

Do you give Gliding Stars permission to text you about emergency cancelations and upcoming events? Yes No
Number(s) to text: _____

Academic Information	Day Program Information		Employment Information
School/ College:	Day Program:		Place of Employment:
Grade:	Street Address:		Street Address:
School District:	City/State/Zip:		City/State/Zip:

Emergency Contact #1	Emergency Contact #2
Name (Parent / Guardian):	Name:
Street Address (if different from above)::	Street Address:
City/State/Zip Code	City/State/Zip:
Home Phone	Home Phone::
Cell Phone:	Cell Phone:
Email::	Email:
Relationship to Skater (if not parent/guardian)	Relationship To Skater:

Ethnicity (for statistical reporting purposes only)

- White/Caucasian
- Black/African American
- Native American
- Hispanic
- Asian/Pacific Islander

Diagnosis: (please check all that apply)

- Autism
- Cerebral Palsy Type_____
- Congenital Heart Defects
- Down Syndrome
- Emotional Disability
- Epilepsy, Seizure Disorder

Type_____
How Often?_____
Typical Duration_____
Last Seizure Date _____

- Hearing Impairment
- Intellectual Disability (specify)
  ___Mild ____ Moderate ___Severe ____Profound
- Learning Disability
- Neck Instability (alantoaxial sublexation)
- Spina Bifida Approx level _____
- Speech Impairment
- Stroke
- Traumatic Brain Injury
- Vision impairment
- Paralysis (__Diplegia ___ Hemiplegia ____Quadriplegia)
- Other (Specify) _____

How Can I Help??

On Ice Volunteer? _____ Skating Ability? _____ Beginner
_____ Intermediate _____ Advanced

Assistive Devices Needed (please check all that apply)
:

_____ AFOs/Braces _____ Crutches

_____ Cane _____ Walker

_____ Wheel Chair _____ Gait Trainer

_____ Hearing Aids _____ Eye Glasses

_____Other (specify)_____

Circle yes or no:

Does the skater have use of their hands? Yes No
Does the skater have a shunt? Yes No
Does the skater have functional vision? Yes No

How does the skater communicate?

_____ Verbally

_____ Sign Language

_____ Non verbal

_____ Other (specify) _____

Clothing Size Information (for costume purposes):

Pant size_____ Height_____

Shirt size_____ Weight_____

Waist (in inches) _____ **Child / Adult Size**

Off Ice Volunteer ? _____ Volunteer Opportunities: _____ Weekly Check In Table, _____ Equipment, _____ Clerical, _____ Fundraising, _____ Special Events, _____ Day of Show, _____ Show Set-up/Tear down, _____ Weekly Music, _____ Assist skaters on/off ice weekly, _____ Weekly Announcer (general announcements), _____ Costumes (minor sewing), _____ End of Season Show Program Book, _____ Other? _____

Agreement/Permission Statement:
*(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)*I agree [*give my permission for the skater listed on this form]* to participate with Gliding Stars of Erie, Inc in weekly adaptive ice skating sessions and the Ice show at the conclusion of the program season ("Activity"), and to cooperate fully with those in charge of each session or event that are part of the Activity. I agree *[give my permission for the skater listed on this form]* to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Gliding Stars of Erie, Inc published materials or in other ways for the enhancement of the Gliding Stars of Erie, Inc program. I understand *[on behalf of the skater listed on this form]* that ice skating involves some physical risk and I assume all risk for property damage, personal injury or death to the skater as a result of or in connection with the Activity and my and the skater's use of the Property. I am aware that a $50 non-refundable registration fee is due with this form and the remaining balance is due on the last Monday of November. Finally, I agree *on behalf of the skater listed on this form]* to indemnify, defend, and hold harmless the Gliding Stars of Erie, Inc from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the skater of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED**

Skater Name (please print)	**Parent/Guardian Name (please print)**	**Date**
Skater Signature**: (If 18 or older)**	Parent/ Guardian Signature **(If under the age of 18 and/ or require such additional permission.)**	