

Gliding Stars of Erie  
P.O. Box 11304  
Erie, PA 16514

glidingstarsoferie@gmail.com  
glidingstarsoferie.org



For GSE use:

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## Skater Registration Form 2025-2026

**Please print and complete all items. Diagnostic information is for Gliding Stars of Erie, Inc use only.  
\$50 registration fee due with this form, remaining balance due BEFORE November 24, 2025.**

Skater's Last Name:	Skater's First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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 Adress:	Street Adress:
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)**

