

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

glidingstarsoferie@gmail.com
glidingstarsoferie.org



For GSE use:

\$ _____ # _____ ON _____
\$ _____ # _____ ON _____
\$ _____ # _____ ON _____
\$ _____ # _____ ON _____

Skater Registration Form 2024-2025

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 25, 2024.

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:

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) _____

Assistive Devices Needed (please check all that apply)

- AFOs/Braces
- Crutches
- Cane
- Glasses/Contacts
- Hearing Aid
- Walker
- Wheelchair
- 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 _____

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 \$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.)	