



www.POWERSKATING100.com

POWER SKATING 100 SERIES

Please bring (1) registration, (2) your current USA Hockey Card number & payment (if not paid online) to the 1st practice

Athlete's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ Team: _____

Athlete's Email (if applicable): _____ Parent's Email: _____

Athlete's Cell Phone: _____ Parent's Cell Phone: _____

Emergency Contact: _____ Phone: _____

USA Hockey Card #: _____ (Mandatory)

I hereby acknowledge that participation in Power Skating 100 and related activities is at the sole discretion and judgement of the parent or guardian and involves inherent risk of physical injury. I, on behalf of my child, hereby assume all such risk. I hereby release and agree to hold harmless Michelle Racimo, all Power Skating 100 coaches, Power Skating 100, and its founders from all claims, actions, damages, and liabilities for personal injury or damage relating to or arising out of any hockey practice and related activity. I authorize Power Skating 100 to act for me in any medical emergency according to their best judgment, including 911 emergency care if deemed necessary. In case of injury or illness, necessary emergency is authorized without the need to contact the parent or legal guardian. I understand that any and all charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier. Power Skating 100 is not responsible for lost or stolen property.

Parent/Guardian Signature: _____ Date: _____

PERTINENT MEDICAL INFORMATION

Medical Insurance Company Policy #: _____

Full Name/Address of Insurance Company: _____