

Application to Participate

(Please Print)

Skater's Name _____
Date of Birth: _____ Gender: Male _____ Female _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: (primary) _____ (alternate) _____

Do you accept text messages for updates? Yes ___ No ___

Email: _____

Parent/Guardian's Name (if under 18 years of age):

Has the skater ever skated before? Yes ___ No ___

If yes, approximate level of skating: _____

Skater Shirt Size: _____

Emergency Contact #1

Name: _____ Relationship to Skater: _____

Phone number to call in case of emergency: _____

Emergency Contact #2

Name: _____ Relationship to Skater: _____

Phone number to call in case of emergency: _____

Please provide as much information as you feel comfortable sharing with us that will be helpful for coaches and volunteers to accommodate the skater's needs, including best ways to communicate with the skater.

Please list any assistive needs currently used by the skater (i.e. communication device, wheelchair, eyeglasses, hearing aids, etc.) _____

The Save of the Day Adaptive Edge Skating School is a registered program with ISI (Ice Sports Industry).

In consideration of being allowed to participate in the ISI Ice Skating Program, I acknowledge and agree that I understand and accept the risk of injury resulting from participation. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS and, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, ICE SPORTS INDUSTRY, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property associated with my participation, to the fullest extent permitted by law.

Parents/Guardian Signature: _____ Date _____
Print name here: _____

HELMETS ARE REQUIRED FOR ALL SKATERS!

Participants must also have their own skates. For information on getting your skater in the correct skates for them, please contact Robyn Bentley at robyn@icehotconcepts.com.

**For more information on Adaptive Edge contact:
courtneygouger@uticacomets.com**

Please mail the completed application to:

Save of the Day Foundation
Adaptive Edge Skating School
400 Oriskany St. W
Utica, NY 13502