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Drama on Ice Registration Form and Medical Information (print clearly)

Please Print: Date of Registration _____

Skater's Name _____

Age at Camp _____ Birth Date: _____ Boy _____ Girl _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-Mail _____

I am a: new skater _____ or I am currently in _____ USFS level.

Parent's Name: _____

Work # _____ Cell # _____

Parent's Name: _____

Work # _____ Cell # _____

Emergency Contact: _____

Phone# _____

How did you hear about Drama on Ice summer camp?

Cost per session (5 days, Monday through Friday, noon-4PM)

Include payment with registration: _____ \$120 Queen City Member _____ \$135 non-member

Indicate session of enrollment: _____ June 22-26 _____ July 20-24

Primary Care Physician _____

Phone Number: _____

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply):

Behavioral Concerns: _____

Allergies: _____

Medical Conditions: _____

Bring a sack lunch. Water bottles provided. Rental skates available.

Bring a jacket and gloves for the time on the ice. Long pants or tights: suggested wear.

On Friday there is an Ice Performance for parents and friends of skaters at 3 PM

Waiver and Media Consent

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by a licensed physician or dentist; and
- 2) the transfer of myself/my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ I have read and agree (**Initial here**)

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action:

I hereby give the Queen City Figure Skating Club permission to publish or reproduce in print, electronic, or video format the likeness or image of my child for use in the promotion of the Queen City Figure Skating Club, and its related activities. I release all claims against the Queen City Figure Skating Club with respect to copyright ownership and publication including any claim for compensation related to the use of these materials.

PARENTAL CONSENT, ACKNOWLEDGEMENT & INDEMNIFICATION AGREEMENT

I, the skater or minor skater’s parent and/or legal guardian, understand the nature of the above referenced activities and my/the minor’s experience and capabilities and believe myself/the minor to be qualified to participate in such “activity”. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees (The Queen City Figure Skating Club, Queen City Learn to Skate, It’s coaches, staff, board members and volunteers, and Northland Ice Center), from all liability, claims, demands, losses, or damages on my/the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim. I further acknowledge that my consent to the Waiver and Release, Media Release, and Emergency Medical Authorization Form are my voluntary act and deed on behalf of myself or my minor child, and that such release shall continue during all subsequent activities, unless my consent is revoked in writing.

Form must be signed and Dated:

Students Name (please print): _____

Parent or Guardian Signature (if student under 18 years of age) _____

Date: _____

Page 1 and Page 2 of this registration and waiver form must be submitted with payment to secure a place in camp. Make checks payable to Queen City Figure Skating Club (or QCFSC) Mail completed form and payment to: Marlene Shmalo, 7900 Willowridge Lane, Cincinnati, OH 45237 (e-mail dramaonice@queencityfsc.com with any questions)

Applications accepted on a first come first serve basis.