



Telluride Figure Skating Club

Anne's Rainbow Skate Fund

SKATER'S NAME _____ AGE _____ DOB _____
 PARENT/GUARDIAN NAME _____
 CONTACT NUMBERS 1st _____ 2nd _____ 3rd _____
 MAILING ADDRESS _____
 EMAIL ADDRESS _____
 ALTERNATE EMAIL ADDRESS _____
 SCHOOL ATTENDING _____
 SCHOOL GRADE _____

Please circle programs you will be attending:

- Full Program Wednesday 3:45-4:45, November 9th-March 7th \$300
- First Session Wednesday 3:45-4:45 November 9th-December 21st \$160
- Second Session Wednesday 3:45-4:45 January 11th-March 7th \$200
- Add Fridays 5:00-5:45 November 11th-December 23rd \$70^{***}
- Christmas Camp –dates to be determined-one hour instruction for 6 days during Holiday season \$60^{***}

^{***}Drop-ins will be welcome at these sessions with waiver signed by parent

*****Please complete full medical release on back side of this page*****

PHOTOGRAPHS/VIDEOS/PR MATERIAL

Does the TFSC have your permission to use images and footage featuring (name) _____ (skater) in promotional material? This usually includes local newspapers/magazines/tv/Facebook/YouTube. PLEASE SIGN GIVING YOUR APPROVAL _____

ALL FORMS AND PAYMENT ARE DUE WEDNESDAY, NOVEMBER 9th. Checks should be made payable to Telluride Ski & Snowboard Club. Registration and payment can be dropped off at the Telluride Ski & Snowboard Club office located across from the Telluride Fitness Center at the bottom of Lift 7 in the Cimarron Building (300 South Mahoney Drive, Unit C4) or mailed to PO Box 2824, Telluride, CO 81435.

FORM COMPLETED BY (print) _____ (sign) _____ DATE _____



2011/2012 Medical Treatment Release

One form per child

Name of child _____ Date of Birth _____

I, _____, parent or legal guardian of _____
print parent's name print child's name

give my permission for emergency medical treatment to be authorized for my child by the Telluride Figure Skating Club coach, officer or official chaperone in charge, in the event that I am not available for authorization.

I understand that every effort will be made to contact me before such treatment is authorized. I also understand that I will in no way hold Telluride Ski & Snowboard Club, its coaches, official chaperones or other representatives liable for any medical treatment administration.

SIGNATURE OF PARENT: _____ **Date:** _____

Parent(s) name(s) _____

Mailing Address _____
Street/PO Box City ST ZIP

Physical Address (if different) _____

PHONE: hm _____ wk _____ other _____ _____
Parents name
hm _____ wk _____ other _____ _____
Parents name

OTHER EMERGENCY CONTACTS:

Name _____ Phone Number(s) _____ Relationship to child _____

Name _____ Phone Number(s) _____ Relationship to child _____

PRIMARY HEALTH INSURANCE PROVIDER:

Name of Insurance _____ Policy # _____

Group # _____ Insurance Company Phone # _____

HEALTH CONDITIONS, PRESCRIPTION MEDICINES and MEDICAL HISTORY:

Please be sure to list all health conditions, prescription medicines or other pertinent medical information/history that we should be aware of...

I hereby certify that the above information is true and that I am the parent or legal guardian of the above-mentioned child and participant of Telluride Figure Skating Club.

SIGNATURE OF PARENT _____ **Date** _____