



Medical Release and Waiver Form

I, _____, do hereby authorize the Mt. Pleasant Figure Skating Club or Manager of the I.C.E. Arena, to obtain whatever necessary medical treatment that may be deemed necessary for my minor child, _____.

Skater's Name: _____ Parent's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

My medical insurance information is:

Name of Insurance Company: _____ Policyholder: _____

Policy Number: _____ Identification/Group Number: _____

Printed Name of Parent _____

Parent Signature _____ Date _____