

**SUPERIOR SENIOR HIGH SCHOOL FIGURE SKATING CLUB REGISTRATION 2013-2014**

Membership Fee of \$50.00 must be paid at the time of registration – checks payable to SFSC

Please mail registration form and payment to:  
**Annabelle Odberg**  
**4513 E Larson Rd**  
**Superior, Wi 54880**

Skater's Name	Address	E-Mail	Home Phone	Cell Phone	Birthdate

Parent/Guardian	Address (if different than above)	E-Mail	Home Phone	Cell Phone

**INSURANCE INFORMATION:**

1. In the event of an emergency, may an adult at the skating rink call for medical assistance? (Circle one) Yes No
2. May we call an ambulance? (Circle one) Yes No
3. Hospital Choice (Circle one) St Mary's Superior St Mary's Duluth St Luke's
4. Name & Phone number of skater's physician Name \_\_\_\_\_ Phone \_\_\_\_\_
5. Health Insurance Provider: Company \_\_\_\_\_ Policy # \_\_\_\_\_

**In case of emergency who should be contacted other than parent/guardian?**

Name	Relationship	Phone with area code
1.		
2.		

I/We the parent of the named skater, hereby give my/our consent for participation in the figure skating program during the current season. I/We assume all the risks and hazards incidental to such participation including transportation to and from activities: and I/We do hereby waive, release and absolve, indemnify, and agree to hold harmless the Superior Figure Skating Club, the organization, it's board members, sponsors, supervisors, participants, and persons transporting.

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**Signature of parent or legal guardian** **Date** Revised September 17, 2012

