

Application for Group Lessons

(Page 1 of 3)

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Birth date _____

PLEASE READ BEFORE SIGNING

Terms and Conditions of Agreement

1. No refunds or credits will be allowed for classes missed by the student for any reason.
2. In the event of injury or sickness to the student, a credit may be available for missed classes only upon receipt of a doctor's excuse. Absolutely no credits will be issued without a written doctor's excuse.
3. If you know you will miss a certain class.....DO NOT PAY FOR THAT CLASS!!!!
4. Classes may be cancelled by the Sierra Providence Events Center due to extenuating circumstances. Full refunds or credit will be available should this occur.
5. Photo/Video release. Pictures and/or video will be recorded at various times during the season for various uses including but not limited to bulletin boards, brochures, advertisements, and news stories.
6. Students assume the risks of skating: the student and parent or guardian agree that the Sierra Providence Events Center, Sun City Blades, their employees staff, volunteers, or coaches are not responsible for injury to the student or for loss or damage to any personal property. Skaters are responsible for their actions on the ice.

I have read and understand the above terms and conditions

Parent/Guardian Signature _____

Starting date _____

Amount paid _____ (Check # _____ / Cash)

Application for Group Lessons

(Page 2 of 3)

Medical Record Form

Participant's Name _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Weight _____ lbs Age _____ Sex _____

PERSON TO CONTACT IN AN
EMERGENCY _____ Phone _____

Name of Physician _____ Phone _____

IF YOU NOW HAVE OR EVER HAD ANY OF THE FOLLOWING, PLEASE
CHECK:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Ankle/foot injury | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Allergies | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Theumatism |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Muscle Disorder | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Head injury | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Fractures | <input type="checkbox"/> Back injury |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Fainting | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Heat Exhaustion | <input type="checkbox"/> Hearing loss |

EXPLAIN IN FULL ANY ITEM(S) CHECKED ABOVE: _____

LIST ALL ALLERGIES TO FOOD OR MEDICATIONS: _____

LIST ALL CURRENT MEDICATIONS: _____

WHAT IS THE DATE OF YOUR LAST TETANUS BOOSTER? _____

Participant's signature

date

Signature of Parent/Guardian

Application for Group Lessons

(Page 3 of 3)

CONSENT FOR TREATMENT ON ADMISSION
TO ANY PHYSICIAN, AND/OR HOSPITAL

I, the parent or/legal guardian of _____ am aware that an injury to the above named minor may occur during skating or hockey classes. Realizing that such injury may require immediate attention, emergency medical and/or surgical treatment, we do hereby voluntarily consent to such diagnostic procedures, emergency medical care and/or hospital, surgical or x-ray treatment to or upon the above named minor as may be recommended or deemed necessary by any physician, hospital, clinic or other health care provider selected by the Sierra Providence Events Center personnel and or their assistants or designees.

I further consent to allow Sierra Providence Events Center personnel and/or their assistants or designees to exercise their judgment as to whether the circumstances of such an injury or illness justify immediate medical attention or treatment by a physician, hospital, clinic, or other health care provide; and authorize the Sierra Providence Events Center personnel, assistants, or designees to arrange for the transport of the above-named minor as may be appropriate. I understand that I will be notified of the occurrence of the injury as soon as practicable. I agree to furnish to any insurance company or other third party payor, and/or their agents or representatives, copies of any and all medical or hospital records pertaining to the above minor.

Signature of Minor

Signature of Parent/Guardian

Date