



Piney Orchard Figure Skating Team
Live on the Edge!



www.pofst.org
WAIVER
2011 – 2012 SKATING SEASON

SKATER'S NAME: _____
 PARENT / GUARDIAN: _____
 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____
 EMERGENCY CONTACT (OTHER THAN PARENT): _____
 ADDRESS: _____
 EMERGENCY CONTACT PHONE: _____
 DOCTOR: _____
 DOCTOR PHONE: _____
 DENTIST: _____
 DENTIST PHONE: _____
 Medical Plan / Insurance _____ Policy # _____

CONSENT FOR PARTICIPATION

I hereby grant permission for my child to participate in the activities of the Piney Orchard Figure Skating Team and certify that my child is physically capable of participating in those activities. I understand that the Team, its officers, members, professionals, coaches and agents assume no responsibility for injuries incurred during the participation in Team Activities. As in any athletic program, I realize that the possibility of injury exists. I understand that reasonable precautions will be made to prevent injuries from happening. I understand that my picture may be used in team publications, advertisements and promotion in print or on the team web page. I further understand that it is my responsibility to notify the club in writing if I want to revoke, or restrict, my permission to use my photograph.

AUTHORIZATION FOR MEDICAL TREATMENT

I authorize the Piney Orchard Figure Skating Team through its professions and supervising officers or agents to secure medical care and treatment for me/my child which may be medically necessary in the event of illness or injury during participation in Team activities.

RELEASE LIABILITY

I recognize that neither rink staff nor Piney Orchard Figure Skating Team officers, board members, professionals, coaches and agents are responsible for my child before, after or during Team activities. I assume responsibility for picking up my child immediately after any Team activity. In recognition of the fact that I/my child may be injured during Team activities, I expressly assume the risk of injury. I release and discharge Piney Orchard Figure Skating Team, its officers, members, professionals, coaches and agents from any and all claims and damages for personal injury and/or property damage which may arise from or out of my/my child's participation in team activities, including but not limited to instruction, use of ice, and participation in ice shows, both on ice and off.

CONSENT TO ABIDE BY RULES AND REGULATIONS

I hereby agree to abide by the by-laws of the Piney Orchard Figure Skating Team and to observe the Code of Conduct, rules, policies of the POFST, and to observe ice etiquette and courtesy at all times. I also agree to observe all rules, policies, and procedures of the Piney Orchard Ice Arena during Team sessions at the rink. I understand that failure to abide by these rules may result in loss of membership. It is expected that each and every member will volunteer, throughout the year, in some capacity. Watch your email for opportunities please. Thank you in advance for your participation

Signature (of parent/guardian if skater is under the age of 18) _____
 Printed Name of Person Signing Waiver _____
 Date _____