



## 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 \_\_\_\_\_