Cape Ann Skating Club PO BOX 1193 Gloucester MA 01930



Walk On Non-Member Form		
Skater Name		DOB
Address:		City
ISI #	Highest ISI Test Passed	
USFS #	Highest USFS Test Passed	
	Highest Moves Passed	
Phone	Cell	
Email		
Parent / Guardian Name		
Private Coach(es) Name		

Payment for walk can be made by cash or check- please make checks payable to CAFSC



CAPE ANN SKATING CLUB/CAFSC: Parent/Guardian Code of Conduct

A Code of Conduct gives everyone a guide to what is expected of us if we are part of a organization, participating in a sport, or as spectators at our child's events.

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship - This includes respect, responsibility, fairness, caring, trustworthiness and good citizenship. The highest potential of sports is achieved when competition reflects these ideals.

By signing below, I agree that:

- 1. I will encourage good sportsmanship by demonstrating positive support for all skaters, coaches and officials at every practice session, competition and test session.
- 2. I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- 3. I will encourage my child to skate in a safe and healthy environment.
- 4. I will inform my child's coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- 5. I will do my best to make skating fun and will remember that my child participates in sports for his/her own enjoyment and satisfaction not mine.
- 6. I will ask my child to treat other skaters, coaches, parents, fans, and officials with respect, regardless of race, creed, color, sexual orientation, gender identity, or ability.
- 7. I will be a positive role model for my child and other skaters.
- 8. I will respect my child's coach and refrain from coaching my child or other skaters during competitions, and practices.
- 9. I will respect the decisions of officials during competitions and test sessions.
- 10. I will be supportive of all the opponents in my child's competitions and respect the rights of all skater to participate.

Parent/ Guardian Name (PRINT)		
Signed	 	·
Date:		



Cape Ann Skating Club Media Release

€	I give permission to the Cape Ann Skating Club (CAFSC) to use my/ my child's name, story, photograph, likeness, and/or
	quoted comments for the purpose of increasing awareness about the CAFSC and its activities. I further understand that
	articles and photos may appear on the CAFSC's display board at the club rinks, CAFSC website, and/or local papers.

€	I do not give my permission to use my/my child's name, story, photograph, likeness, and or quoted comments for the
	purpose of increasing awareness about the Cape Ann Skating Club (CAFSC) and its activities.

Signature of Parent/Legal Guardian	Date Signed
Signature of Skater	Date Signed
PARTICIPANTS NAME	<u> </u>

(If participant is younger than 18 years old at time of registration)



Cape Ann Skating Club Emergency Medical Contact Form

Skater Name	
Insurance Carrier	
Subscriber Policy	#
ALLERGIES:	
List any physical limitations and/or special instructions to	inform coaches:
EMERGENCY CONTACTS - Please list two (2):	
Name:	Relationship to skater:
BEST PHONE # for immediate contact	
Additional Phone #s	
Name:	Relationship to skater:
BEST PHONE # for immediate contact	
Additional Phone #c	

Waiver/Release/Assumption of Risk - NO EXPIRATION DATE

Learn to Skate - Associate Member - Bridge Member - Full Member - Dual Member-Non Member

The undersigned Participant or Parent/Guardian of the identified minor acknowledge and fully understand that Participant will be engaging in activities at the Talbot Ice Rink, Johnson Rink and/or other CAFSC property, and using equipment, harness, props, that may involve risk of serious injury, including permanent, temporary, total or partial disability, death, paralysis, illness or other harm, and that Participant voluntarily engages in such activities with adequate prior knowledge of such risks and dangers.

Such activities may involve ice skating, figure skating and ice sports. Participant or Parent/Guardian acknowledges that participation in ice sports, whether competitive, recreational, or instructional, including use of equipment for such purposes, is a potentially dangerous activity and that inherent in any ice sports is the risk of injury, including through over-exertion or exercise beyond my capability (or that of my child) or from other cause.

If Participant is engaged in a skating program (or other instructional activity) conducted by CAFSC, instructors are available to familiarize Participant with the CAFSC facilities and equipment used for such program and to assist participant in phases of the program.

Participant's assumption and acceptance of risks stated in this document include, but are not limited to, the following general areas:

- 1. Participation in any and all classes or individual instruction at CAFSC.
- 2. Participation in unsupervised activities at CAFSC and any other individual activities.
- 3. The use of any equipment.
- 4. Accidents occurring within auxiliary areas.

DADTIOIDANT FURTUED UNDER CONTRACTOR

Participant acknowledges the existence of, and agrees to abide by, applicable rules, regulations, policies, and procedures of CAFSC. Rules relating to use of the Talbot Rink, Johnson Rink, and other CAFSC facilities may be posted for your information and convenience, but the lack of posting shall not relieve Participant of this obligation.

Participant or Parent/Guardian agree to and do assume all legal and financial responsibility for (i) any and all risks and dangers associated with such activities, (ii) any and all injuries, damages and losses, whether to person or property, and whether physical, psychological, social or economic, that Participant may in any manner and from whatever cause or sustain in connection with such participation, including such injury or damage that may result not only from his/her own actions, inactions or negligence, but action, inaction or negligence of CAFSC or others, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, and (iii) all treatment, hospitalization and other care rendered to Participant in the event of his/her illness, injury or other emergent circumstance in connection with any such participation.

Participant or Parent/Guardian assume all the foregoing risks and accept personal responsibility for the damages following such injury, including permanent, temporary, total or partial disability, death, injury, illness or other harm.

Participant or Parent/Guardian hereby fully and forever release, discharge, hold harmless and agree to indemnify and not to sue CAFSC, its employees, directors, officers, volunteers, affiliates, representatives, agents, insurers and their respective successors and assigns, from and against any and all liabilities, losses, claims, demands, litigation, damages and judgments, present or future, known or unknown, valid or invalid, direct or consequential (whether physical, psychological, social, economic or otherwise), together with reasonable costs and attorneys fees which (i) result directly or indirectly from injuries, illness, disability (whether permanent, temporary, total or partial), death or other harm to Participant or Participant's and/or Parent's/Guardian's property, or the property of third parties, and (ii) are caused by or result, directly or indirectly, from Participant's conduct, acts or omissions while participating in any activities on or about CAFSC property.

PARTICIPANT FURTHER UNDERSTANDS THAT THIS DO	CUMENT MAY NOT BE ALTERED IN ANY MANNER WITHOUT
THE EXPRESS WRITTEN CONSENT FROM CAFSC AND	THAT IF ANY PORTION OF THIS DOCUMENT IS HELD TO BE
INVALID, THE BALANCE SHALL CONTINUE IF FULL FOF	CE AND EFFECT
THE BREMITOE STALL CONTINUE IF FULL FOR	CE AND EFFECT.

Date	Participant's Signature
Parent's/Guardian's Signatu	ure (Parent's/Guardian's Signature required if Participant is under the age of 18):