

Student Information and Release

Skater Information

First Name		Last Name	
Birthdate	USFSA Membership No.	Current Skating Level	
Parent Name	Cell Phone	Other Phone	
Parent Name	Cell Phone	Other Phone	
Email Address			
Street Address			Apt / Suite
City	State	Zip Code	
Emergency Contact	Emergency Contact Number	Relation to Skater	
Events I'm Interested in Participating in	<input type="checkbox"/> Local USFSA Competitions (Late Spring)	<input type="checkbox"/> Major Qualifying Competitions (Regionals, etc.)	<input type="checkbox"/> Winter or Summer Shows <input type="checkbox"/> Skating Clinics and Camps

Liability Waiver

I understand that there are inherent risks involved with all ice sports, including the possibility of injury and/or death. Although all necessary safety precautions will be observed, should an injury be sustained during a lesson with Coach Brock or during any supervised or unsupervised practice times, I agree that Coach Brock will not be held liable for said injuries and/or related medical expenses. I also agree that in the event of a dispute between Coach Brock and myself, both parties will attempt to resolve said dispute through mediation, shared at an equal cost by both parties,

Skater's Signature

Parent's Signature (if under 18)

Date

Contract Agreement

I have read Coach Brock's "Coaching Policy Letter" (found online at <http://www.coachbrockskates.com>) and agree to adhere to all lesson policies, payment policies, and skater/parent policies. I will always strive to represent myself, Coach Brock, US Figure Skating, and all skating associations that I am a member of in a positive manner.

Skater's Signature

Parent's Signature (if under 18)

Date

Waiver of Release

In order to ensure a skater's safety, there may be times that their body posture or alignment needs correction. I understand that Coach Brock may need to physically manipulate my or my child's hands, arms, shoulders, hips, etc., and correct the issues through a "hands-on" approach.

- I understand that Coach Brock may need to correct my or my child's body alignment and posture, and agree to allow his use of a "hands-on" approach when necessary.
- I do **NOT** feel comfortable with Coach Brock physically correcting my or my child's body alignment or position.

Skater's Signature

Parent's Signature (if under 18)

Date

Media Release

By allowing my child to participate in lessons with Coach Brock, I agree to allow him to use any photos, videos, or recordings of my child or me for marketing purposes. All photos, videos, and recordings of my child or me become the personal property of Coach Brock; Coach Brock will be permitted to use this media at any time in any manner that he deems appropriate.

- I have read and understand the above media release and agree to the terms and conditions listed above.
- I have read and understand the above media release and **DO NOT** agree to the terms and conditions listed above.

Skater's Signature

Parent's Signature (if under 18)

Date