

**CRYSTALLETTES**  
**2011-2012**  
**ATHLETIC RESPONSIBILITY AND CONSENT FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_  
(The Skater must have health insurance)

\_\_\_\_\_

**CONSENT TO PARTICIPATE SYNCHRONIZED SKATING**

I hereby give my consent for \_\_\_\_\_ to participate in synchronized skating with the Dearborn Figure Club (DFSC) during 2011-2012 skating season. We carry accident and health insurance with \_\_\_\_\_ and are satisfied that this type of insurance gives sufficient coverage for participation in this athletic program. We accept full responsibility for any injuries which might occur to our son/daughter by reason of such participation, including medical bills which might arise in excess of any insurance coverage and are fully apprised that the DFSC or any person associated with the teams are not liable under the law and cannot legally accept responsibility and pay for such injuries from the operating funds of the DFSC.

WARNING — Participating in supervised athletics and activities may be one of the least hazardous activities in which any skater will engage in, on or off the ice. PARTICIPATING IN SYNCHRONIZED SKATING STILL INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. SKATERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. PARENTS AND SKATERS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

**ATHLETIC CODE**

This application to complete in Synchronized Skating is entirely voluntary on my part and is made with the understanding that I will follow all rules and regulations set down by my coaches and the governing board. Also as a representative of my team, I will conduct myself in an exemplary manner at all times. I understand that conduct unbecoming of a team member or violation of the previously mentioned rules and regulations may lead to my dismissal from that team.

**CONSENT FOR TRANSPORTATION**

This is to certify that \_\_\_\_\_ has my permission to make all trips to practices and competitions during the current skating year with the DFSC synchronized teams. I understand that transportation will be by bus and/or plane. Team size and type of contest may necessitate transportation by van or car driven by a licensed adult driver.

**COSTUME RESPONSIBILITY**

The competition costume will be in the possession of the team manager and will be the property of the team until that program is no longer used and the costume is no longer needed. This costume is to be worn only for competition with the team for which it was issued until it is retired. The costume is to be returned to the team manager after each competition. If it is stolen or lost while in your possession or not returned, the athlete will be held responsible for the replacement cost of the costume.

**EMERGENCY MEDICAL RELEASE**

In case of emergency, I hereby give permission to the licensed physician selected by a representative of the DFSC to hospitalize, and secure emergency medical and surgical treatment for the individual named herein. I also consent to routine medical care for this individual. I have updated the health information as necessary.

We have read and understood the above statements, and by our signatures indicate our willingness to abide by them.

Date: \_\_\_\_\_ Skater's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent's/Guardian Signature \_\_\_\_\_

**Return to your team manager at the first practice.**