

**MFSC  
MEDICAL FORM**

Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian's Business Telephone Number (\_\_\_\_) \_\_\_\_\_

**Person to contact in an emergency if parent or guardian cannot be reached:**

Name \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Doctor** (Used in emergency only):

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Family Dentist** (Used in emergency only):

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please list any known allergies or medical conditions that would be relevant in case of an emergency:**



**RELEASE WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK AGREEMENT**

In consideration of my being considered for membership in the MFSC I, the undersigned, for myself, my heirs, executors, administrators, successors, and assigns, hereby agree that: neither MFSC nor the professional skating staff shall be responsible for any damages sustained by me personally, or to my property, whether occurring on or off the ice, and I do hereby release, acquit, and fully discharge the said MFSC and the professional skating staff, their respective agents, servants, successors, and assigns, from any and all actions, causes of action claims and demands of whatsoever kind or nature accruing as the result of any and all known and unknown injuries, losses or damages sustained by me, or to my property, by reason of and as a result of my taking part in or participating in the programs conducted, supervised or sponsored by the MFSC, and/or the MFSC professional skating staff.

**Confidentiality Statement**

This document may include information that is confidential and may be protected under Federal and or State Law. This information is intended for the use of the Meadville Figure Skating Club. The improper use of this information is prohibited.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

*( If under 18, parent must sign)*