

Please provide the following medical information:

Primary Physician: _____ Phone: _____

Name of Insurance Carrier: _____ Policy # _____

Telephone number where you can be reached during camp hours: _____

Please list any allergies (including food and drug allergies) or medical conditions we should be aware of:

WAIVER OF LIABILITY

I agree to waive liability and release any and all claims against the City of Stamford, Terry Conners Rink, Skating Club of Southern Connecticut, its members, and all of their officers, employees and agents for injuries and damages suffered by myself or my children 18 or under, for whom I am signing, during programs at the Facility or while at the Facility for any other reason, whether on or off the ice. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and my children's' participation in these activities.

Signature of Parent or Legal Guardian _____

Skater's Name _____ Date _____