Great Neck Figure Skating Club
Great Neck, New York

Consent for Medical Attention or Treatment
2018- 2019

I certify that I, the member, or I, the parent/guardian of the participant, give my consent to the **Great Neck Figure Skating Club** and the facility the activities are taking place in and their staff and to members of the **Great Neck Figure Skating Club**, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or the participant for any injury that could arise from participation in these activities.

_____ _____

Print Name of Club Member USFS No. & Home Club

_____

Signature of Club Member Date

_____

Print name of Parent(s)/Guardian(s)

_____

Signature of Parent/Guardian Date

This consent for medical attention shall be binding and effective for the

2018- 2019 membership year of the **Great Neck Figure Skating Club New York.**