

Las Vegas Figure Skating Club

P.O. Box 570531
Las Vegas Nevada 89157-0531

2009-2010 Consent for Medical Attention or Treatment

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Las Vegas Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Las Vegas 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 said participant for any injury that could arise from participation in these activities.

Name of 1st Minor Child Member (please print)

Name(s) of Parent(s)/Guardian(s) (please print)

Name of 2nd Minor Child Member (please print)

1st Parent/Guardian Signature & Date

Name of 3rd Minor Child Member (please print)

2nd Parent/Guardian Signature & Date

Name of 4th Minor Child Member (please print)

Name of 1st Adult Member (please print)

1st Adult Member Signature & Date

Name of 2nd Adult Member (please print)

2nd Adult Member Signature & Date

Name of 3rd Adult Member (please print)

3rd Adult Member Signature & Date

Name of 4th Adult Member (please print)

4th Adult Member Signature & Date

This Consent for Medical Attention shall be binding and effective for the 2009 - 2010 membership year of the Las Vegas Figure Skating Club.