

Certification of Competitor by Home Club Official (REQUIRED)

I hereby approve the entry of the skater named on this application and certify that he/she is eligible to compete in accordance with the rules of the USFSA, and that the entrant is a member in good standing of the Home Club.

Signed _____ Title _____ Date _____

Home Club _____ Telephone # _____

Certification by Athlete and Parent / Guardian (REQUIRED)

ATHLETE: I agree to conduct myself, both on and off the ice, in a manner that will reflect favorably upon this Competition and upon the sport of figure skating, and that is consistent with the high standards of the sport. I agree to respect the person and property of others.

ATHLETE/ PARENT/ GUARDIAN: I understand that the USFSA and the clubs or organizers of competitions undertake no responsibility for damages or injuries, or loss of property suffered by the skaters or officials. As a condition of and in consideration of the acceptance of their entries or participation therein, all entrants, their parents and guardians and officials shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by or connected with, the conduct and management of the competition, and to waive and release any and all claims which they may have against any officials, the USFSA, the club hosting the competition, and against its Officers, and their entries shall be accepted only on such condition

Athlete's Signature _____ Date _____

(Signature required)

Parent/Guardian's Signature _____ Date _____

(Signature Required if athlete is under age 18)

Authorization for Emergency Medical Treatment (REQUIRED)

In the event I am unavailable, I hereby give permission for any emergency medical diagnosis, treatment or procedure for: _____
(print skater's name)

Emergency medical information (allergies, pre-existing conditions, medications, etc.):

Name of Physician _____ Telephone # _____

Name of Insurance Company _____

Policy Number _____ Name of Insured _____

Signed _____ Date _____

(Signature required)

Relationship to Skater _____ Telephone # _____

(must be signed by Parent or Guardian if Skater is under 18 years of age)

**Send Fully Completed Form
And Payment to:**

**Liberty Summer Competition
P.O. Box 4019
Philadelphia, PA 19118**

*** ENTRIES MUST BE POSTMARKED NO LATER THAN MAY 30, 2009 *
The Local Organizing Committee reserves the right to limit entries. Mail early!**