

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 Binghamton Figure Skating Club and the facility the activities are taking place in and their staff and to members of the Binghamton 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, or said participant for any injury that could arise from participation in these activities.

These consent forms shall be binding and effective for the season of membership in the Binghamton Figure Skating Club for which they are submitted.