



Information Required
(Participants must be in at least 8th Grade)

Name: _____

Year in School: _____

Phone: _____

Highest MIF Passed: _____

Email: _____

Past Team Experience: _____

Parent Names: _____

T-shirt Size (Adult Sizes): S M L XL

Age: _____

***Registration Fee: \$60**

** Please make checks payable to Illinois SST

Please Send Forms to: IllinoisSkating
Brittany Craig
505 E Healey #118
Champaign, IL 61820

***** Deadline March 21st, 2010 *****

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CONSENT:

I, _____, desire to participate in the University of Illinois Sport Club Program. Each year, University of Illinois students form as many as fifty clubs that promote sporting activities. These clubs are provided with facility space and time, publicity, and facility supervision by the Division of Campus Recreation. Students, faculty, staff, and their spouses may enjoy memberships in these sport clubs, whose orientation maybe recreational, instructional, or competitive. I am informed that the Sport Club Program operates with volunteer coaches, some of whom may be former or present team members.

I am fully aware of the rules and hazards connected with participating in Illinois Synchronized Skating Team, which falls under the sport Club Program. I knowingly and voluntarily assume the risk of any injuries, regardless of the severity, and including death, that I may incur to myself and all risk of damage to or loss of property which may occur as a result of my participation in the Sport Club Program or that may result when I am traveling in a personal vehicle to and from a University-sponsored event or to and from any Sport Club Program event.

WAIVER:

I, for myself, my heirs, successors and assigns do hereby release, discharge and waive any and all responsibility to the Board of Trustees of the University of Illinois, its officers, agents, representatives, and employees from and against all claims of liability for any and all trauma, injury, damage, expense handicap, disability including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to or from, training for, being coaching in, using any sports equipment, or participating in the above named Sport Club Program. No judgment of my skill level was exercised by the University of Illinois in allowing me to participate in the sport Club Program.

I agree to indemnify and hold harmless The Board of Trustees of the University of Illinois, its officers, agents, representatives, and employees from and against all liability, claims, demands, actions, loss, costs, fees, and damage arising out of my participation in the Sport Club Program.

I agree to abide by all University of Illinois Division of Campus Recreation Sport Club Program rules and regulations regarding any and all of my participation in this program. This Informed Consent and Waiver agreement will be construed under and pursuant to the laws of the State of Illinois.

I, the undersigned, am at least 18 years of age, am competent to sign this consent release and waiver and read and understood all the provisions contained herein.

CAUTION: READ BEFORE SIGNING

Note: If under 18 years of age, Parent or Guardian must co-sign this release.

Signed _____ Date _____

Signed (under 18) _____ Date _____

Co-Signed _____ Date _____

Witnessed by _____ Date _____