

SPECIAL SKATES

Buddy Registration Form

Name _____

Address _____

Telephone Number *(Cell phone preferred)* _____

Age _____

Gender: _____

Student _____ Adult _____

If Student: Grade _____ Name of School _____

Email Address: _____

Emergency Contact Name *(List parent/guardian if under age 18)* _____

Emergency Contact Phone Number *(Cell phone preferred)* _____

Emergency Contact Email Address _____

“Buddies” volunteering for the “Special Skates” Program must be able to skate confidently. Previous experience working with those with special needs is not a requirement. However, if you do have any experience, please enter it below. This will help us match you to a skater.

Scan & Email Completed Form to: nsscjc@nsskating.org

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