

# League Member (Skater, Referee) and Volunteer Application



## ***Basic Information***

Full Name

Mailing address

City, State, ZIP

E-mail address

MySpace profile

Phone

Driver's License or State ID Number  State

Expiration Date  **You must submit a copy for insurance!**

Interest  Skater  Referee  Volunteer

## ***Emergency Contact Information***

Relationship

Full Name

Phone

## **Health Insurance and Medical Information**

I have primary health insurance:  yes  no

*If yes, please provide a copy of your ID card*

Preferred Hospital

Primary Care  
Physician's Name

Address

Phone

Any injury, illness, surgery, allergies the emergency medical staff may need to know about? Do you wear contact lenses?

## **Interests**

I am interested in becoming a team captain:  yes  no

I am interested in joining a committee:  yes  no

Please list any experience, training, interests, or hobbies you may have to help us best place you on a committee:

## **T-shirt Size & Cut**

small  medium  large  X-large  other \_\_\_\_\_  female  male

**Skating Experience:**

**Self-Rate Your Basic Skating Skills (see WFTDA Basic Skating Skills Handout) – circle one**

Nonexistent Excellent  
0   1   2   3   4   5   6   7   8   9   10

**Equipment Survey (circle all you have)**

Quad skates                      Elbow pads  
  
Helmet                              Wrist guards  
  
Knee pads                          Mouth guard

*The below is entirely voluntary and will be used anonymously in the demographic profile of our league:*

**What is your ethnicity? (mark all that apply)**

- American Indian or Alaska Native - Tribe \_\_\_\_\_
- Asian (Far East, Southeast Asia, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam)
- Black or African American
- Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, ...)
- White (Europe, the Middle East, North Africa)
- Hispanic or Latino (Cuba, Mexico, Puerto Rico, South America, Central America, ...)

**What is your profession?** \_\_\_\_\_

**I certify that to the best of my knowledge, the above information is current, correct, and true.**

Signature

Date \_\_\_\_\_  
\_\_\_\_\_