SPECIAL SKATES

Buddy Registration Form

Name
Address
Telephone Number (Cell phone preferred)
Age (As of program starting date: January 8, 2022)
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

Revised 10/21