

**CAMBRIDGE SPEED SKATING CLUB
INTRODUCTION TO SPEED SKATING - 2009**

FAMILY NAME: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY: _____ CITY: _____
POSTAL CODE: _____ POSTAL CODE: _____
PHONE NO. (HOME): _____ PHONE NO. (HOME): _____
E-MAIL: _____

Family Doctor: _____ Emergency Contact Other Than Parent:
Doctor's Phone No.: _____ Name: _____
Address: _____
Phone No.: _____

SKATER INFORMATION

Name:	Birthdate:
Allergies/Medication:	
Six Ice Sessions – 5:30 p.m. To 7:00 p.m.	
Tuesdays: Sept. 22nd, 29th & Oct. 6th AND Thursdays: Sept. 24th & October 1st, 8th	
\$50.00 (which includes skates)	

NSF CHARGE on Returned Cheques - \$35.00

Where did you find out about this program?: _____

***Please note:**

Should the skater wish to continue skating with the Club in one of our regular programs, the \$50.00 - Introduction to Speed Skating 'fee' will be applied towards that program.

WAIVER ... Please Read and Sign

In consideration of accepting this application, I hereby for myself and those listed as my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, the Ontario Speed Skating Association, the Cambridge Speed Skating Club, the Corporation of the City of Cambridge, or their agents, officers or members, for any and all injuries suffered by the above named persons while participating in any activities by the Cambridge Speed Skating Club.

Signature of all applicants.

DATE: _____ SIGNED: _____

I hereby commit to my child, being a minor, receiving medical attention from and individual qualified to attend to athletic injuries, a qualified medical practitioner of professional athletic training service both at the scene of any accident or injury and at a proper medical treatment facility.

Signature of parent is required for those applicants under 18 years of age.

DATE: _____ SIGNED: _____

Due to the privacy act, we may no longer collect health card information from the membership. Therefore, all members need to have their health card number and contact number available at all practices. An adult should accompany all minors to practice.

Cathy Pardy - President
E-mail: cathy@cambridgespeedskating.ca