



**TRY B 4 U JOIN SKATER REGISTRATION
2011 / 2012**

SKATER Name: _____ D.O.B.: _____ / _____ / _____
DAY MONTH YEAR

ALLERGIES/MEDICAL CONDITION: _____

FATHER'S / GUARDIAN NAME: _____ MOTHER'S / GUARDIAN NAME: _____
E-mail: _____ E-mail: _____
Address: _____ Address: _____
City: _____ Postal Code: _____ City: _____ Postal Code: _____
Home ph.no.: _____ Cell ph.no.: _____ Home ph.no.: _____ Cell ph.no.: _____
FAMILY DOCTOR: _____ Phone no.: _____

Cost: \$50.00 (Insurance, skate rental and 6 hours of instruction for this program included)
Thursday September 15, 2011: 5.30 – 7.00 pm.: Registration and skate fitting
Ice Sessions: Tuesday September 20 and 27: 5.30 – 7.00 pm.
Thursday September 22 and 29: 5.30 – 7.00 pm.

FEES ARE PAYABLE BY CHEQUE OR CASH AT REGISTRATION . NSF CHARGES ON RETURNED CHEQUES \$35.00.

Fees paid by **Cheque** **Cash**

**WAIVER
(Please read and sign)**

In consideration of accepting this registration, 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.

Signed: _____ Date: _____, 20____

Signed: _____ Date: _____, 20____

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

I hereby commit my child, being a minor, receiving medical attention from an 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.

Parent/Guardian Signature: _____ Date: _____, 20____