



# CAMBRIDGE SPEED SKATING CLUB

## TRY B 4 U JOIN SKATER REGISTRATION - 2017 / 2018

SKATER Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

ALLERGIES/MEDICAL CONDITION: \_\_\_\_\_

PARENT 1 / GUARDIAN NAME: \_\_\_\_\_ PARENT 2 / GUARDIAN NAME: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home ph.#.: \_\_\_\_\_ Mobile.#.: \_\_\_\_\_ Home ph.#.: \_\_\_\_\_ Mobile.#.: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ Phone #.: \_\_\_\_\_

**Cost:** \$50.00 (Insurance and 6 hours of instruction for this program included)

Trial fees will be deducted from full membership if registered in the current season.

Registration/skate fitting: Tuesday & Thursday September 12<sup>th</sup> & 14<sup>th</sup>, 2017: 5:30 – 8:00 pm

Ice Sessions: Week 1, Tues & Thurs September 19 and 21 5:30 – 7:00 pm

Week 2, Tues & Thurs September 26 and 28: 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 or 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\_\_\_\_