



**TRY B 4 U JOIN SKATER REGISTRATION  
2010 / 2011**

SKATER Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 16: 5.30 – 6.30 pm.: Skate Fitting and Introduction  
Ice Sessions: Tuesday September 21 and 28: 5.30 – 7.00 pm.  
Thursday September 23 and 30: 5.30 – 7.00 pm.

**IF SKATER DECIDES TO JOIN THE CLUB FOR THE SEASON, THE COST FROM THIS INTRODUCTION PROGRAM WILL BE DEDUCTED FROM THE REGISTRATION FEE.**

FEES ARE PAYABLE BY CHEQUE OR CASH AT THE START OF THE PROGRAM. 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\_\_\_\_