

**CAMBRIDGE SPEED SKATING CLUB  
2008-2009  
GUEST SKATER REGISTRATION & WAIVER FORM**

Registration Date: \_\_\_\_\_

**Cost:- Session 1 – September – December  
Mondays 5:30 – 7:30 - \$350 -OR- Tuesdays 7 – 8:30 - \$280)**

**SKATER'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

**ALLERGIES/MEDICATIONS:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **MOTHER'S NAME:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**CELL NO.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

**Doctor's Phone no.** \_\_\_\_\_

**Emergency Contact No.** \_\_\_\_\_

**WAIVER**

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 Skate 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.

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

I hereby commit to 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 the accident or injury and at a proper medical treatment facility.

**DATE:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

*Signature of Parent is required for those applicants under the age of 18.*

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 and competitions. An adult should accompany all minors to practice and competitions.