



SALMON ARM SPEED SKATING CLUB
ASSOCIATE MEMBER REGISTRATION FORM
2019/2020 SEASON

MEMBERS NAME		BIRTHDATE	
		D	M Y
CITIZENSHIP	Gender	M	F
	<input type="checkbox"/>	<input type="checkbox"/>	
		MEDICAL #	
		TELEPHONE(S)	
ADDRESS		E-MAIL	
<input type="checkbox"/> There are specific medical conditions that coaches or supervising adults should be aware of. I will complete and submit a confidential medical information form. If this condition may impact the associate member's participation in regular training activities, I will inform the coaching staff and supervising adults.			

CONSENT

CLUB:
I hereby give my consent for the above mentioned applicant to participate in any and all activities of the Salmon Arm Speed Skating Club. I assume all risks, including going to and from club functions and hereby release the Club, it's Directors and all members from any claims or any blame arising out of any loss or injury that may occur to the above mentioned applicant.
I hereby also agree to abide by the Constitution and By-Laws of the International Skating Union, Speed Skating Canada, the British Columbia Speed Skating Association, the Club and such rules and regulations as may presently exist.

COMPETITIONS/CAMPS:

In consideration of your accepting this application, I hereby, for myself, my heirs executors, administrator and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, it's member clubs, the British Columbia Speed Skating Associations and the Host Club, their agents, officers or member for any injuries suffered by me at such event(s) to be held at whatever venue site during the 2019/20 season.

PRIVACY ACT:

The provision of the information requested by Salmon Arm Speed Skating Club is subject to the policies contained in the Club's Privacy Policy. I acknowledge that I have been given a copy of the Club's Privacy Policy and I fully understand the implication of the policy.

MEMBERSHIP PARTICIPATION PLAN:

All members of the Salmon Arm Ice Breakers Speed Skating Club agree to:

- Encourage increased participation by all members of the club;
- Increase club opportunities through increased support;
- Share the workload;
- Assist to meet club objectives.

I have read and understand the Membership Participation Plan and agree to meet the requirements laid out therein.

Signature of Associate Member

Date

This fee is for club administrators, coaches, officials, Chaperones and all parents and volunteers supporting or involved with the association. This fee does not allow the associate member to participate as a skater of the club.

THIS FORM MUST BE COMPLETED AND SIGNED AND RETURNED BEFORE MEMBERS WILL BE ALLOWED ON THE ICE, REGARDLESS OF THEIR CATEGORY.