

# LEARN TO SPEED SKATE

SALMON ARM SPEED SKATING CLUB  
 REGISTRATION FORM  
 2019/2020 SEASON



MEMBER'S NAME		BIRTHDATE	
		D	M   Y
CITIZENSHIP	Gender M <input type="checkbox"/> F <input type="checkbox"/>	HOME TELEPHONE:	
PARENTS / GUARDIANS NAMES		CELL PHONE:	
ADDRESS		E-MAIL	
		MEDICAL #	
		DOCTOR NAME:	
		DOCTOR PHONE:	
<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 member's participation in regular activities, I will inform the coaching staff and supervising adults.			
<input type="checkbox"/> I wish to be on the e-mail list for Speed Skating Canada.			

Start Date: _____				
<b>FEES</b>				<b>\$ total</b>
<b>Learn to Speed Skate</b> <sup>1</sup> Practices only	<b>6 Sessions</b> <b>2 days per wk</b> \$99 <input type="checkbox"/>	<b>Wed 5:45 to 6:30</b> <b>Fri 5:15 to 6:00</b>		
<b>Skates (Guards/Fuzzys)</b>	\$400 <input type="checkbox"/> Deposit Req		Separate Cheque returned at the end of the session	
<b>Minimum equipment requirements:</b> <b>CSA approved Helmet (Hockey, Ski or skate board)</b> <b>Neck guard (bib style)</b> <b>Gloves (Leather preferred)</b> <b>Shin pads (soccer)</b> <b>Knee pads (volleyball)</b>			<b>Total received</b> CHQ <input type="checkbox"/> CASH <input type="checkbox"/>	

<sup>1</sup> This fee includes association fees for British Columbia Speed Skating Association (BCSSA), the Speed Skate Canada (SSC) introductory skater fee and insurance coverage for personal injury and liability.

### WAIVER

In consideration of you accepting this membership application, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skate Canada (SSC) and the British Columbia Speed Skating Association (BCSSA) and the Salmon Arm Ice Breakers, their agents, officers and members, for any and all injuries suffered by me at Salmon Arm Ice Breakers practices, or while traveling to or attending other club functions or competitions to be held between September 1, 2019 and March 30, 2020.

*"This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you in the competition and could be used to contact you regarding future competitions by the Salmon Arm Ice Breakers. Organization of competitions requires that names will appear on posted grouping lists and result printouts. Names, results, video clips and photos may be published on boards, WebPages, media and in newsletters. If you have questions about the collection of or use of this information, contact the event Coordinator."*

\_\_\_\_\_  
 Signature of Parent/Guardian/Member over 18

\_\_\_\_\_  
 Date

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