



MEMBER'S NAME		BIRTHDATE and Age as of 30 June :	
		D	M   Y
CITIZENSHIP	Gender M <input type="checkbox"/> F <input type="checkbox"/>	HOME TELEPHONE:	
		CELL PHONE:	
PARENTS / GUARDIANS NAMES		E-MAIL	
ADDRESS		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.			
<b>FEES</b>	<b>FULL SEASON</b>		<b>\$ total</b>
<b>Participant<sup>1</sup> Practices only</b> <b>*ACTIVE FOR LIFE* ONLY</b> <b>non Competing</b>	<b>\$410</b> <input type="checkbox"/>	<b>I day per wk</b> Wed <input type="checkbox"/> or Fri <input type="checkbox"/> <b>\$325</b> <input type="checkbox"/> Sep to Dec (2day/wk) <b>\$325</b> <input type="checkbox"/> Jan to Mar (2days/wk) <b>\$255</b> <input type="checkbox"/>	
<b>Competitive<sup>2</sup> Category<sup>3</sup></b> (Please Circle) AS, FUND, L2T, T2T, A4L	<b>\$445</b> <input type="checkbox"/>		
<b>Elite</b> ISU & Senior	<b>\$495</b> <input type="checkbox"/>	N/A	
<b>Skates (Guards/Fuzzys)</b>	<b>\$400</b> <input type="checkbox"/> <b>Post Dated Cheque</b> <b>15 March 2020</b>	Deposit Cheque returned at the end of the season when equipment is returned in good condition	
<b>Associate Member (Parent)</b>	<b>\$25</b> <input type="checkbox"/>	Covers insurance fees	
<b>Associate Member (Parent)</b>	<b>\$25</b> <input type="checkbox"/>		
<b>Skin Suit Rental (Optional)</b>	<b>\$40.00</b> <input type="checkbox"/>		
<b>Family Plan: \$50 discount for 2<sup>nd</sup> skater, \$100 discount for 3<sup>rd</sup> and each additional skater in the immediate family</b>		<b>Family Discount</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) participant skater fee and insurance coverage for personal injury and liability.

<sup>2</sup> This fee allows the member to participate in BCSSA sanctioned events.

<sup>3</sup> **AS (Active Start) 2-6, Fundamental F7-8 M7-9, L2T(Learn to Train) F9-11 M10-12, T2T(Train to Train) F12-15 M13-16, ISU 15-18, Senior: 19 to 30, AFL(Active for Life) 30+**

### 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, 2018 and March 30, 2019.

*"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.**