

## Sudbury Sprinters Speed Skating Club 2017-2018 Registration and Waiver

### Parent/Guardian Information:

#### Parent/Guardian #1

Name: \_\_\_\_\_

Relationship to skater: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

#### Parent/Guardian #2

Name: \_\_\_\_\_

Relationship to skater: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

### Emergency Contact (other than parents/guardians above):

Name: \_\_\_\_\_ Relationship to skater: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Associate Member Information:

(Note: One parent/guardian must be registered as an Associate Member with the Ontario Speed Skating Association)

Associate Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Skater: \_\_\_\_\_ Health Card #: \_\_\_\_\_

### Skater #1 Information:      Circle:    Full-Time    Part-Time    Development    Learn-to-Skate

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Health Card #: \_\_\_\_\_

**Skater #2 Information:** Circle: **Full-Time** **Part-Time** **Development** **Learn-to-Skate**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Health Card #: \_\_\_\_\_

**Skater #3 Information:** Circle: **Full-Time** **Part-Time** **Development** **Learn-to-Skate**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Health Card #: \_\_\_\_\_

For Development Memberships only, circle: **Tuesdays** or **Saturdays**.**Fundraising Requirement:**

I understand that I will be required to pay \$200 in fundraising fees, which I can full or partially offset by participating in fundraising activities organized by the club. A post-dated cheque of \$200 will be required at the time of on-site registration.

Parent Initials: \_\_\_\_\_

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 This section to be completed by club:

<b>Fees</b>	<b>Amounts</b>	<b>Chq#/Cash Received</b>
Membership Fee		
Skate Rental (includes blade insurance)		
Fundraising cheque		
TOTAL:		

**Skate Rental Information:**

<b>Skater Name</b>	<b>Skate Description</b>	<b>Size</b>

## Skate Rental Agreement

1. Skates may be exchanged at any time at no additional cost, upon approval of coach.
2. Speed skates are NOT to be machine sharpened. Designated club members will sharpen skates when required for a fee of \$10.00/sharpening.
3. I understand that poorly maintained skates (rusted, nicked blades, etc.) or broken/damaged skates may result in a damage charge.
4. I undertake to maintain these skates according to the instructions received, including protecting the blades with skate guards, socks or towels.
5. I agree to use skates only at organized practices and competitions of the club. Other uses are not permitted without permission of the head coach.
6. I agree to return the skates and skate guards/socks on the last skating practice of the season.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Membership Agreement

I hereby make application for membership in the Sudbury Sprinters Speed Skating Club and agree upon this application being accepted to become debtor to the Club for the full amount of the annual skating fees and any other additional costs incurred by the member. I also recognize my responsibility to actively support the Club as specified above (re: fundraising requirement).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Injury Waiver/Agreement

The undersigned waives and releases any and all rights and claims for damages against the Sudbury Sprinters Speed Skating Club, the Ontario Speed Skating Club, Speed Skating Canada and the City of Greater Sudbury for any and all injuries suffered by the above named persons while either participating or as a spectator in any activities sponsored by the Sudbury Sprinters Speed Skating Club.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SSSSC Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_