

Sudbury Sprinters Speed Skating Club 2020-2021 Registration and Waiver

Parent/Guardian/Adult Skater Information:

Parent/Guardian/Adult Skater

Parent/Guardian #2

Name: _____

Name: _____

Relationship to skater: _____

Relationship to skater: _____

Address: _____

Address: _____

City: _____

City: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Emergency Contact (other than parents/guardians above):

Name: _____

Relationship to skater: _____

Home Phone: _____

Cell Phone: _____

Skater #1 Information:

Circle: Beginner Intermediate Senior/Full Time

Name: _____

Date of Birth: _____

Gender: _____

Allergies: _____

Medication: _____

Health Card #: _____

Skater #2 Information:

Circle: Beginner Intermediate Senior/Full Time

Name: _____

Date of Birth: _____

Gender: _____

Allergies: _____

Medication: _____

Health Card #: _____

Skater #3 Information: Circle: **Beginner** **Intermediate** **Senior/Full Time**

Name: _____ Date of Birth: _____

Gender: _____ Allergies: _____

Medication: _____ Health Card #: _____