



CAMBRIDGE SPEED SKATING CLUB

SUMMER ICE REGISTRATION 2018

SKATER Name: _____ D.O.B.: ____/____/____

CLUB: _____ Club Coach: _____

ALLERGIES/MEDICAL CONDITION: _____

PARENT / GUARDIAN NAME: _____ PARENT / GUARDIAN NAME: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

City: _____ Postal Code: _____ City: _____ Postal Code: _____

Home phone: _____ Cell phone: _____ Home phone: _____ Cell phone: _____

FAMILY DOCTOR: _____ Phone no.: _____

Dates: 12 sessions of 1 ½ hrs each ice and dryland training starting Sat, May 19th at 8:30am and running until Sat, Aug 11th. Also, included are 13 sessions of 1 ½ hrs of dryland training on Thursdays at 6:00pm starting May 24th. Confirm all times at <http://www.cambridgespeedskating.ca/calendar.html>.

Eligibility: Provincial level Girls 12+ yrs, boys 13+ yrs with a final selection by the coaches based on times, ability and fit with the program. Space is limited in order to optimize the benefit for the participants.

Cost: \$300 for 12 sessions of ice/dryland & 16 sessions of dryland (discount available for club members)

Fees paid by **Cheque** **Cash** **Credit/Debit Card**

FEEES ARE PAYABLE BY CHEQUE, CASH, CREDIT OR DEBIT AT THE START OF THE SESSION. NSF CHARGES ON RETURNED CHEQUES \$35.00

WAIVER
(Please read and sign)

In consideration of accepting this registration, I hereby for myself and those listed as my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, Ontario Speed Skating Association, Cambridge Speed Skating Club, the Corporation of the City of Cambridge, or their agents, officers or members, for any and all injuries suffered by the above named persons while participating in any activities by Cambridge Speed Skating Club.

Signed: _____ Date: _____,20_____

Signed: _____ Date: _____,20_____

Signature of parent/guardian is required for those registrants under 18 years of age.

I hereby commit my child, being a minor, receiving medical attention from an individual qualified to attend to athletic injuries, a qualified medical practitioner of professional athletic training service both at the scene of any accident or injury and at a proper medical treatment facility.

Parent/Guardian Signature: _____ Date: _____,20_____