



CAMBRIDGE SPEED SKATING CLUB

REGISTRATION 2017/2018 SEASON

SKATER #1: Name (First/Last): _____

D.O.B.: ____/____/____ Allergies/Medical condition: _____
Day Month Year

SKATER #2: Name (First/Last): _____

D.O.B.: ____/____/____ Allergies/Medical condition: _____
Day Month Year

SKATER #3: Name (First/Last): _____

D.O.B.: ____/____/____ Allergies/Medical condition: _____
Day Month Year

OPTION	PROGRAM FEES	OSSA FEES	TOTAL
Option 1 1.5 hours/week	\$300	\$100	\$400
Option 2 3 hours/week	\$475	\$125	\$600
Option 3 5 hours/week	\$695	\$160	\$855

RENTAL FEES					
OPTION 1		OPTION 2		OPTION 3	
Complete set	\$145.00	Boots only	\$80.00	Blades only	\$80.00

THE FEES ARE PAYABLE BY CASH OR CHEQUE. UP TO 4 INSTALLMENTS, DUE ON THE 15TH OF EVERY MONTH COMMENCING ON SEPTEMBER 15TH. ALL POST-DATED CHEQUES MUST ACCOMPANY THIS REGISTRATION FORM.

Program Fee Skater #1: Option #: _____ \$ _____
 Skater #2: (x 0.85) Option #: _____ \$ _____
 Skater #3: (x0.65) Option #: _____ \$ _____

Rental Fee Skater #1: Option #: _____ \$ _____
 Skater #2: Option #: _____ \$ _____
 Skater #3: Option #: _____ \$ _____

Family Associate Membership \$ 50.00

(All associate memberships over 18 years of age have voting rights within the club)

FEES \$ _____

Pre-registration deduction - \$ _____

TOTAL FEES BALANCE \$ _____

For Office Use Only	Payment Received:	CASH <input type="checkbox"/>	CHEQUE(S) <input type="checkbox"/>
INSTALLMENT Payments: _____ x \$ _____		_____ x \$ _____	

PARENT / GUARDIAN Name: _____

Email: _____ Mobile Phone #: _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

PARENT / GUARDIAN Name: _____

Email: _____ Mobile Phone #: _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

FAMILY DOCTOR: _____ Phone #: _____

DUE TO THE PRIVACY ACT, WE MAY NO LONGER COLLECT HEALTH CARD INFORMATION FROM THE MEMBERSHIP. THEREFOR, ALL MEMBERS NEED TO HAVE THEIR HEALTH CARD NUMBER AND CONTACT NUMBER AVAILABLE AT ALL PRACTICES AND COMPETITIONS. AN ADULT SHOULD ACCOMPANY ALL MINORS TO PRACTICE AND COMPETITIONS.

**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 of Cambridge Speed Skating Club.

Signed: _____ Date: _____

Signature of parent or 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.

Signed: _____ Date: _____

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

REFUNDS

Refund requests must be made in writing (via email – info@CambridgeSpeedSkating.ca) or handed to the Registrar or President and will ONLY be accepted until September 15th, 2017. After this date refunds will be issued for medical reasons (accompanied by a doctor's note) only. All refunds prior to September 15th are less \$50 administration fee.

Refunds on or after September 15th must include a doctor's note and will be granted with the following administrative fees:

Prior to September 15th - \$50 administration fee (no doctor's note required)

Between September 15th and November 14th (inclusive) - 50% refund

Between November 15th to December 15th (inclusive) - 25% refund

No refunds after December 15th for any reason.

NSF Cheques

There will be a \$35 charge for all NSF Cheques. Skaters will not be allowed to participate in training and lessons while there is an outstanding NSF Cheque and NSF fees.