



CAMBRIDGE SPEED SKATING CLUB

GUEST SKATER REGISTRATION 2017 / 2018

SKATER Name: _____	D.O.B.: ____/____/____
CLUB: _____	Club Coach: _____
ALLERGIES/MEDICAL CONDITION: _____	

FATHER'S / GUARDIAN NAME: _____ MOTHER'S / GUARDIAN NAME: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

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

Home ph.no.: _____ Cell ph.no.: _____ Home ph.no.: _____ Cell ph.no.: _____

FAMILY DOCTOR: _____ Phone no.: _____

Cost: September–March: Monday 5.30–7.30 pm. ► \$390 / Tuesday 7.00–8.30 pm. ► \$325

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

Day selected: _____	Fees paid by <input type="checkbox"/> Cheque <input type="checkbox"/> Cash
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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, the Ontario Speed Skating Association, the 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 the Cambridge Speed Skating Club.

Signed: _____ Date: _____, 20____

Signed: _____ Date: _____, 20____

Signature of parent 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____