



CAMBRIDGE SPEED SKATING CLUB

SUMMER DRYLAND REGISTRATION (CSSC Club members only) 2017

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 phone: _____ Cell phone: _____	Home phone: _____ Cell phone: _____
FAMILY DOCTOR: _____	Phone no.: _____

Dates: 12 sessions of 1 ½ hrs dryland training starting Sat, May 20th at 10:45am and running until Sat, Aug 12th. Also, included is 1 ½ hrs of dryland training on Thursdays at 6:00pm starting May 18th. Confirm 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: \$40
Fees paid by <input type="checkbox"/> Cheque <input type="checkbox"/> Cash
<small>FEEES ARE PAYABLE BY CHEQUE OR CASH AT THE START OF THE SESSION. NSF CHARGES ON RETURNED CHEQUES \$35.00</small>

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 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____