

Date: _____

Niagara Speed Skating Club

2018/2019**TRY B 4 U JOIN**

Location: Bill Burgoyne Arena, St. Catharines

Day/Time: Fridays 6:00 pm – 7:30 pm (1.5 hours /week)

SKATER INFORMATION		
Skater's name:		D.O.B: (dd/mm/yyyy)
Allergies/Medical condition:		
CONTACT INFORMATION		
Street address:		
City/Town:	Prov/State:	Postal/Zip Code:
Home Ph.	Cell Ph.	
Email:		
2nd Email:		
Parent/Guardian Name (if skater is under 18)		
EMERGENCY CONTACTS		
Name (relationship):		Phone:
Family Doctor's name:		Phone:

Cost: \$50.00 for 3 sessions including skate rental. Trial fees will be deducted from full membership if registered in the current season. The season fees will be prorated depending on date of registration.

Fees are payable by cheque, cash or e/transfer at registration. NSF charge of \$45.00 on returned cheques.

Waiver (Please read)

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

Signed(if skater is over 18 **OR** by parent/guardian if skater is under 18)_____ **Date:** _____**OFFICE USE ONLY**

FULL payment Date _____ amount _____ cash _____ chq _____ e/tran _____