

Date: \_\_\_\_\_

**NIAGARA SPEED SKATING CLUB (NSSC) BLOCK 1 2020 REGISTRATION FORM**

Seymour Hannah Arena, St. Catharines: BLOCK 1 Wednesdays Sept 16 - Oct 28 7:00pm-8:00pm

<b>SKATER INFORMATION</b>		
<b>Skater #1 name:</b>	DOB: month in words/day/year	
SSC #	Helmet #	
<b>Skater #2 name:</b>	DOB: month in words/day/year	
SSC #	Helmet #	
<b>Skater #3 name:</b>	DOB: month in words/day/year	
SSC #	Helmet #	
<b>CONTACT INFORMATION</b>		
Street address:		
City/Town:	Prov/State:	Postal/Zip Code:
Home Ph.	Cell Ph.	
Email (block letters):	2nd Email:	
<b>Parent/Guardian Name</b> (if skater is under 18)		
<b>EMERGENCY CONTACTS</b>		
Emergency Contact Name (relationship):	Phone:	
Family Doctor's name:	Phone:	
<b>TRYb4UJOIN</b>		
Will not be offered during BLOCK 1		
<b>MEMBERSHIP AND RENTAL FEES</b>		
All fees must be paid in full prior to Wednesday September 16. (Preferred) Etransfer: niagaraspsk@gmail.com or Cheque or Cash		
<b>Skate rental includes guards &amp; soakers maintenance and sharpening</b>		
Skater #1	\$120.00	\$
Skate rental #	\$ 30.00	\$
Skater #2	\$100.00	\$
Skate rental #	\$ 30.00	\$
Skater #3	\$ 60.00	\$
Skate rental #	\$ 30.00	\$
Additional family members 4+ please use a second registration form for names only Fees are the same for all additional skaters as skater 3 (as above)		\$
<b>TOTAL FEES BALANCE</b> There will be a fee for NSF cheques of \$45.00		
<b>REFUND POLICY</b>		
Requested refunds will be 50% of fees up to Sept 30th. No refunds after that date.		
<b>OFFICE USE ONLY</b>		
Payment Date _____	amount _____	cash ____ chq ____ e/tran ____

**MEDICAL INFORMATION**

IT IS THE RESPONSIBILITY OF THE SKATER (PARENT) TO ENSURE THEIR FAMILY DOCTOR APPROVES OF THE ACTIVITIES AND ENVIRONMENT FOR SPEED SKATING

Due to the Privacy Act, we do not collect health card information from the membership, therefore all members/parent need to have their health card number available at all practices and competitions.

**NSSC WAIVER & REGISTRATION DECLARATION**

In consideration of you accepting this application, I hereby for myself and my heirs, executors and administrators, waive and release any and all right and claims for damage I may have against the Niagara Speed Skating Club, the Ontario Speed Skating Association, and Speed Skating Canada or on any speed skating Organization, their respective directors, officers, agents, representatives or successors for injuries suffered by me during club organized training, practice and competition events.

I give permission to:

- Use my name and/or skater's name(s), address, email and phone number in our member email group for Club updates
- Post pictures, videos and event results of the skater/myself on the Club's website, Facebook account, Twitter account, Instagram account in or at the Club's arena, in the local newspapers and on photo and video sharing websites, without express written permission.

**NSSC EXPECTATIONS OF SKATERS/PARENTS/GUARDIANS**

**That all skaters:**

- A) Are punctual and ready to be on the ice for the start of practice start time.
- B) Listen to and follow the directions given by the coaches.

**That all parents/guardians:**

- C) Ensure their skater is punctual and ready to be on the ice for the start of practice.
- D) Assist with taking the safety mats on and off the ice.

**COVID-19 Scening / Protocols**

At this time all skaters must complete a COVID-19 screening prior to each practice. Forms need to be maintained by the NSSC for a minimum of 21 days.

<https://covid-19.ontario.ca/self-assessment/>

Once completed, save the document naming it with the skater's name and date. Send the document to niagaraspsk@gmail.com. Skaters can also print the form and hand it prior to practice.

Skaters should come to practice and skate only if feeling healthy.

**I have read and agree to the waiver conditions on this form.**

**Skater #1 name:**

**Skater #2 name:**

**Skater #3 name:**

**Skater #4 name:**

**Skater #5 name:**

**Skater #6 name:**

Signature of Skater 18 years or older / Parent or Guardian if Skater(s) is/are under 18 years

Date