



2011 - 2012

# Registration and Waiver Form

Skater's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Allergies/Medication: \_\_\_\_\_  
MM DD YYYY [If subsequent registration from same family, state "See <first skaters name> below"]

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Alternate: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than above)  
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**An adult must be present during the skating session unless the skater is 18 years of age or older.  
All members must have their Health Card and contact number available at all events.  
Changes to the above information must be communicated to the Registrar as soon as possible.**

PLEASE READ THE FOLLOWING WAIVER BEFORE SIGNING

In consideration of acceptance of this application by the Barrie Speed Skating Club, I hereby for myself and those listed above waive and release any and all rights and claims for damages against the Speed Skate Canada, Ontario Speed Skating Association, the Barrie Speed Skating Club, the Corporation of the City of Barrie or their agents, officers, coaches or members for any and all injuries suffered by the above named persons participating in any activities by the Barrie Speed Skating Club.

I furthermore provide for the release of any photos and names the Barrie Speed Skating Club or its affiliates may deem appropriate for promotional or press release materials in whatever form. Email, address and phone information is for BSSC use only. This information is used by the Ontario Speed Skating Organization and will not be provided to others for any other purpose.

I understand adults who are physically capable are expected to assist in placing the protective mats on the ice prior to the session start and removing them at session end. I'll be requested, from time to time, to assist in Club promotion and fund raising activities.

I understand there is a certain risk involved in the speed skating sport. I hereby commit to receiving medical attention (myself or to my child being a minor) from a qualified individual, medical practitioner, or other persons at the scene of any accident or injury and/or at a proper medical treatment facility. I shall ensure the proper equipment including helmet, neck guard, cut-proof gloves, knee and shin pads are worn at all times. A valid Ontario Health Insurance Plan (OHIP) card shall be at all speed skating sessions.

\_\_\_\_\_  
Signature of Parent/Guardian if applicant is under 18 years

\_\_\_\_\_  
Date