



Learn to Speed Skate Registration Form, 2017 - 2018 Season

Please print all information clearly.

Date: _____

Last Name _____ First Name _____

Date of Birth ____/____/____ Age as of June 30, 2017 ____ [] Male [] Female
Month Day Year

Shoe size _____ adult ____ child ____

Address: _____

City / Postal Code _____

Telephone #'s _____
Home Cell

Parent or Skater Email for club correspondence _____ @ _____

Additional email (optional) _____ @ _____

Is the skater a Canadian Citizen? [] Yes [] No Or a landed immigrant? [] Yes [] No

Parent Name: _____ Cell #: _____ Occupation: _____

Parent Name: _____ Cell #: _____ Occupation: _____

If new to the club, how did you find out about the RMR club? _____

WAIVER

In consideration of my accepting this entry/registration, I recognize that speed skating is a dangerous sport and that I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Ridge Meadows Racers Speed Skating Association (the club), SSC, the BCSSA, the District of Maple Ridge, their agents, officers, employees, contractor's, sponsors, representatives or members for any and all injuries suffered by me at any event organized by or made available to me as a result of my participation in the activities of the club, and any claim for loss of personal property of any description.

I hereby give my consent for the above mentioned applicant to participate in any and all activities of the RMSSA. I assume all risks, including going to and from club functions and hereby release the Club, it's Directors and all members from any claims or any blame arising out of any loss of injury that may occur to the above mentioned applicant. I agree to abide by the club policies.

Do you give permission to use photo of child for website and media uses? [] Yes [] No

YOUR PRIVACY

The provision of the information requested by RMSSA is subject to the policies contained in the Club's Privacy Policy. I acknowledge that I have been given a copy of the Club's Privacy Policy and I fully understand the implications of the policy.

Skater Signature * Date _____

*Parent's or Guardian's signature required if skater is under 18



Fee Information for Learn to Skate Program

- 10 session (including the 2 trial sessions)
- Jingle Bell cup Fee waived
- BC Speed Skating Association Fees (introductory fee)
- Coverage for other family members if they are to be on the ice for set up and take down as well as several family fun skates to celebrate the different holidays (\$25)

Total cost \$225

Additional Family members \$200

Skater will be able to either skate either Tuesday at 3:45pm and/or Saturday at 9:20pm.

FAMILY MEMBER NAMES:

(Include parents & siblings that reside at the same address even if they are not skating members)

- 1. _____ Date of Birth _____
- 2. _____ Date of Birth _____
- 3. _____ Date of Birth _____
- 4. _____ Date of Birth _____
- 5. _____ Date of Birth _____

Skating experience

- No experience**
- Public Skate once in a while**
- Public Skate regularly**
- Skated competitive hockey or figure skating** How long? _____



Medical Information Form

The information you provide will be kept in confidence and will only be shared on a “need to know” basis as set out in the RMSSA privacy policy.

Please complete the information below if the skater has any medical conditions that:

1. May impede the skater’s ability to participate fully in the training program
2. Requires the skater to take medication, and where the taking of these medications will occur whether the skater is at a practice, competition or other club event.
3. In the case of an emergency where the skater is transported to a hospital or other medical facility, the persons providing treatment should be aware of a pre-existing condition (e.g. diabetic, blood disorder, allergies etc).
4. You feel that the coaches or those offering medical or other assistance should be aware of.

Skater Name: _____

Provincial Medical Number: _____

Allergies (with reaction): _____

Doctor Name: _____

Please write in detail below the conditions that you feel should be disclosed, including where applicable medications and pre existing conditions.

If you wish, you may put this form in a sealed envelope, attach it to the registration form and label it “Confidential Medical Information for [skater name]”



Equipment Information & Rental Agreement

The following is a list of equipment that is **mandatory for all skaters**. The equipment must be on **BEFORE** a skater goes on the ice.

- **Helmet:** A hockey, snowboard, or skating board helmet is acceptable. CSA approved speed skating helmets are LAS or Louis Garneau. **No Bicycle helmets permitted.**
- **Neck Guard:** The bib type worn by hockey players.
- **Gloves:** Leather, work gloves are fine. Cut resistant gloves are recommended. Woolen or knit gloves are not allowed.
- **Shin Guards:** Hard plastic soccer shin guards or built-in puncture/cut resistant protection.
- **Knee Pads:** Volleyball or lacrosse knee pads (soft) work fine.
- **Shatter Resistant Protective Sport Glasses:** Shatter resistant glasses are mandatory for *all* skaters (clear or yellow are recommended) or a complete visor. Glasses must be held in place by an elastic strap.
- **Cut resistant tubes for ankle protection** made of Kevlar or Dyneema must be worn by all skaters when no cut resistant suit is worn.

Equipment Damage Deposit (only if skater is renting equipment):

\$500 by means of cheque **dated April 1, 2018** which will not be cashed unless the skates have rust on blades, are lost, or damaged to a point where they are unusable, or not returned.

Equipment Maintenance Fee (only if skater is renting equipment):

\$20 paid at start of the season. Used to maintain skate blades.

Other Information when renting equipment

- Club skin suit it is to be used only for meets and not practice
 - Club blades only to be sharpened after 3 skates and before meets
- I understand the above information and have submitted a \$500 posted cheque*
- I understand the above information and have my own appropriate skating equipment*

Skater Name: _____ Date: _____

Signature: _____

Cheque #: _____

Club Registration Person: _____