



Refund Policy

The KW Sertoma Speed Skating Club has an established refund policy. These criteria have been developed to ensure fairness and consistency are maintained for skaters at any time during the season. This policy determines eligibility for skaters requesting a refund.

Skaters must email register@kwspeedskating.com to make a formal request for a refund.

- 1) If the refund is requested in September prior to the skater being registered with OSSA, a full refund will be granted without going through a review committee process.
- 2) If the refund is requested after the skater is registered with OSSA and the request is received:
 - a) **prior to December 31st**, the refund request will be reviewed by our Refund Review Committee. Any refund granted will be on a pro-rated basis based on the number of months skated in a 7 month skating season, **minus the OSSA fee paid**
 - b) **after December 31st – no refund request will be accepted, regardless of when the skater was registered as a member.**

*The only exception to this criteria is if the skater has a medical reason that prevents the skater from skating on the ice with our club. Only in this case will a refund request be reviewed by the Refund Review Committee after December 31st.

At no time after a skater is registered will OSSA fees be reimbursed on a refund.

The KW Sertoma Speed Skating Club Refund Review Committee includes the President, Treasurer and Registrar.



GUEST SKATER REGISTRATION 2014/2015

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 ph.no.: _____ Cell ph.no.: _____ Home ph.no.: _____ Cell ph.no.: _____

FAMILY DOCTOR: _____ Phone no.: _____

Cost: Saturday 11am-12pm. \$165.00 per session (sessions are Sept-Dec and Jan-March)

FEES ARE PAYABLE BY CHEQUE OR CASH IN ADVANCE OF THE START OF EACH SESSION. CHEQUES MADE PAYABLE TO KWSSSC. NSF CHARGES ON RETURNED CHEQUES \$35.00.

WAIVER

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 K.W. Sertoma Speed Skating Club, the Ontario Speed Skating Association, and Speed Skating Canada or on any Organisation, their respective directors, officers, agents, representatives or successors for injuries suffered by me during club organised training, practice and competition events.

I give permission to have my name, address, e mail, and phone number to be included in the club directory. I also give permission to post pictures, videos and event results of my child / myself on the club's website, to the club's arenas, in the local newspapers and on photo and video sharing websites.

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____