

SKATER CONTACT INFORMATION

Skater contact name (Parent if Skater is under 18 years of age)		Phone ()	
Address		City, Province, Postal Code	
Skater email address			
Other Skater email addresses 1. 2.			
Indicate level of skating experience. Check all that apply.			
No skating experience <input type="checkbox"/>	Figure skating <input type="checkbox"/>	Power skating <input type="checkbox"/>	
Hockey <input type="checkbox"/>	Ringette <input type="checkbox"/>	Roller blading/inline skating <input type="checkbox"/>	
Recreational skating <input type="checkbox"/>	Speed skating <input type="checkbox"/> If 'yes' indicate seed times:		
How did you hear about this learn to speed skate program? Check all that apply.			
Flyer at the arena <input type="checkbox"/>	Twitter, Instagram, Facebook <input type="checkbox"/>	Website <input type="checkbox"/>	
Community newspaper <input type="checkbox"/>	A friend or current member <input type="checkbox"/>	Other (please give details)	

SKATER DETAILS & FEE CALCULATION

SKATER DETAILS & FEE CALCULATION				Total FEES
Skaters	DOB (dd/mm/yyyy)	Sex (M/F)	Base Cost	
Name			\$80	\$
Name			\$80	\$
Name **Flat Base Cost of \$200 for families of 3 or more			\$200	\$
Name **Flat Base Cost of \$200 for families of 3 or more				\$
TOTAL PAYABLE				\$

Paid in Full Cash Cheque Cheque No. _____

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 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 KW Sertoma Speed Skating Club permission to:

- use my name, address, email, and phone number in our skater email group for club updates.
- post pictures, videos and event results of my child / myself on the club's website, in or at the club's arenas, in the local newspapers and on photo and video sharing websites, without express written permission.

SKATER MEDICAL INFORMATION FORM (SMIF)

In the interest of the safety of our skaters during on-ice sessions, we require that a Skater Medical Information Form (SMIF) be completed for all skaters. This information will help club coaches and arena staff deal with the unlikely event of injuries or illness. Canada's National Coaching Certification Program and the Red Cross strongly recommend the form for amateur sport organizations and clubs.

REGISTRATION DECLARATION "I have read and agree to the waiver conditions on this form"

Signature of Member 18 years or older (Parent where Member is under 18 years)	Date
Signature of additional Member (18 years or older)	Date
Signature of additional Member (18 years or older)	Date

SKATER INFORMATION		
Skater Name	Date Of Birth (dd/mm/yyyy)	Phone ()
EMERGENCY CONTACT INFORMATION		
Emergency Contact Name	Relationship to Skater	Phone ()
Alternate Emergency Contact Name	Relationship to Skater	Phone ()
Family Doctor Name		Phone ()
Family Dentist Name		Phone ()
MEDICAL INFORMATION		
Have you had or do you have any of the following? Check all that apply.		
Concussion <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Dizziness episodes <input type="checkbox"/> Yes <input type="checkbox"/> No
Suspected concussion <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting during exercise <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Recent surgery <input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty breathing <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Sudden or unexpected death of a family member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify other injuries or illness not listed.		
Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:	
Are you taking any prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what medication, if any, should you (the Skater) have on hand during the sport activity? Who should administer?	
Do you wear a medic alert bracelet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:	
Are all vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify what vaccinations are not up to date:	
Do you wear any of the following? Check all that apply.		
Dental appliance/braces <input type="checkbox"/> Yes <input type="checkbox"/> No	Eyeglasses/contact lens <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Aid <input type="checkbox"/> Yes <input type="checkbox"/> No
CONSENT		
I understand it is my responsibility to keep the K.W. Sertoma Speed Skating Club coaches advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child or myself to the hospital or a physician if deemed necessary. I authorize release of information to appropriate individuals (e.g. coach, physician) as deemed necessary.		
Signature of Skater 18 years of age or older (Parent where Skater is under 18 years of age)		Date