



Seasonal Guest Skating Policy

The KW Sertoma Speed Skating Club has established criteria for skaters from other clubs to join the KW Cobras Train to Train team for designated ice sessions. These criteria have been developed to protect the coaching of our developing skaters and at the same time provide an opportunity for competitive skaters from other clubs to train with our elite skaters. This policy determines eligibility for skaters from other clubs to join our elite team for on-ice training.

To meet the minimum criteria, **guest skaters must complete these steps in order:**

- be a registered member with the Ontario Speed Skating Association
- skate at a level of Train to Train or Learn to Compete as outlined in the LTPAD
- not be in conflict with the skaters' home ice schedule
- **obtain written approval** (email is acceptable) from the coach at the skaters' home club
- **obtain written approval** (email is acceptable) from KW Sertoma Speed Skating Club senior head coach and the head coach of the Train to Train team
- **hand in** the completed and signed Guest Skater Registration Form and Skater Medical Information Form

The payment structure is specified on the Guest Skater Registration Form and is payable in advance of the start of each session as outlined on the form. No refunds will be issued for any reason.

KW Sertoma Speed Skating Club reserves the right to refuse a guest to skate on any guest date dependant on number of skaters on the ice and coaching availability.

| GUARDIAN/SKATER CONTACT INFORMATION | | | |
|---|-----------------------|--|-----------------------|
| Guardian #1 contact name (Skater if over 18 years of age) | | Guardian #2 contact name (Skater if over 18 years of age) | |
| Address | | Address | |
| City, Province, Postal Code | | City, Province, Postal Code | |
| Home Phone () | Cell Phone () | Home Phone () | Cell Phone () |
| Guardian #1 Email Address | | Guardian #2 Email Address | |
| SKATER DETAILS AND FEES (Complete in full and check off either Option A OR Option B) | | | |
| Skater Home Club Name | | Skater Home Club Head Coach Name | |
| Skater Name | | Skater DOB (dd/mm/yyyy) | Skater Sex (M/F) |
| <input type="checkbox"/> OPTION A – \$250 FULL SEASON SIGNUP | | Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Cheque No. _____ | |
| <input type="checkbox"/> OPTION B – \$20 CASH PER SESSION | | | |
| **Note that payments for either Option A or B are due in full to the KW Sertoma Speed Skating Club prior to the skater gaining entry onto the ice. | | | |
| WAIVER | | | |
| <p>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.</p> <p>I give KW Sertoma Speed Skating Club permission to:</p> <ul style="list-style-type: none"> • use my name, address, email, and phone number in our member 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) | | | |
| <p>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.</p> | | | |
| REGISTRATION DECLARATION | | | |
| <ol style="list-style-type: none"> 1. I have read and agree to the Code of Conduct attached. 2. I have read and agree to the waiver conditions on this form. | | | |
| Signature of Guardian #1 (if Skater under 18 years old) | | Date | |
| Signature of Guardian #2 (if Skater under 18 years old) | | Date | |
| Signature of Skater (if over 18 years of age) | | Date | |

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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 AND WAIVER

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.

I hereby commit myself or my child to 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.

| | |
|---|------|
| Signature of Skater 18 years of age or older (Parent where Skater is under 18 years of age) | Date |
|---|------|

KWSSSC Code of Conduct

Member Rights and Responsibilities

Together we create a speed skating club that values safety, fairness, respect and athletic achievement.

Actions that are contrary to these guidelines will receive appropriate consequences.

COACHES:

a) have the right to

- support from parents, skaters and the Board as they coach skaters during practice and competitions and other events
- receive feedback and questions from parents and skaters in a positive and helpful manner

b) are responsible for

- planning and deliver programming for skaters of all skill levels according to Long Term Participant and Athlete Development (LTPAD) <http://www.speedskating.ca/skater-development>
- protecting skaters' safety
- promoting healthy self-esteem in all skaters

Note: The head coach will respond to inappropriate skater behaviour in consultation with other coaches or designated club personnel, and will communicate with parents.

SKATERS:

a) have the right to

- enjoy speed skating and have fun on the ice
- participate regardless of skill level
- be challenged according to LTPAD and personal goals

b) are responsible for

- listening and responding to all coaching direction with respect and cooperation
- practicing good sportsmanship and treat all skaters with respect
- caring for club skates, equipment and arena facilities
- skating hard and turning left!

PARENTS:

a) have the right to

- know that their children are safe and challenged as they enjoy the sport of speed skating

b) are responsible for

- staying throughout practices and competitions in which their children under the age of 16 are participating (or to assign a responsible adult designate)
- supporting coaches and direct questions about programming to the head coach
- volunteering at KWSSSC meets (many roles available)
- ensuring proper care for club skates, equipment and arena facilities
- participating in KWSSSC's fundraising activities, including volunteering at one bingo per skater, per year and on one volunteer committee per skater, per year.