

2018-2019
LEARN TO SPEED SKATE REGISTRATION FORM
SKATER MEDICAL INFORMATION FORM
(ONE MEDICAL FORM PER SKATER)

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			
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:	

SKATER DETAILS & FEE CALCULATION

SKATER DETAILS & FEE CALCULATION				Total FEES
Skaters	DOB (dd/mm/yyyy)	Sex (M/F)	Base Cost	
Name			\$100	\$
Name			\$100	\$
Name **Flat Base Cost of \$250 for families of 3 or more			\$250**	\$
Name **Flat Base Cost of \$250 for families of 3 or more				
TOTAL PAYABLE				\$

Indicate payment method: Email Money Transfer up front Cash up front Cheque Chq No. _____

Email money transfers to treasurer@kwspeedskating.com, password Speedskating

Make all cheques payable to the KW Sertoma Speed Skating Club. NO REFUNDS EXCEPT FOR MEDICAL REASONS.

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.

WAIVER

In consideration of 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 or illness suffered by me during club organized training, practice & competition events.

I further consent to return any rented skates, suits or other equipment at the end of the rental period in the same working condition I received them. I consent to pay for the repair or replacement of any rented item(s) that are damaged over the course of the period I hold the rental for. Repair and replacement costs will be determined by the K-W Sertoma Speed Skating Club.

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.

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REGISTRATION DECLARATION

- 1. I have read and agree to the waiver conditions on this form.
- 2. I have read, agreed to the conditions and completed one Skater Medical Information Form (SMIF) per skater

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

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SKATER INFORMATION

Skater Name	Date Of Birth (dd/mm/yyyy)	Phone ()
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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:
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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?
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Do you wear a medic alert bracelet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:
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Are all vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, specify what vaccinations are not up to date:
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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
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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 confirm I have read and understood the Concussion Policy posted on the Club website and understand the return to skating protocol that must be followed.

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
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