

## LEARN TO SPEED SKATE REGISTRATION FORM &amp; OSSA WAIVER 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				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				
<b>TOTAL PAYABLE</b>				<b>\$</b>
<b>Indicate payment method:</b> <input type="checkbox"/> Email Money Transfer up front <input type="checkbox"/> Cash up front <input type="checkbox"/> Cheque Chq No. _____ Email money transfers to <a href="mailto:treasurer@kwspeedskating.com">treasurer@kwspeedskating.com</a> , password Speedskating <b>Make all cheques payable to the KW Sertoma Speed Skating Club. NO REFUNDS EXCEPT FOR MEDICAL REASONS.</b>				
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: <ul style="list-style-type: none"> <li>• use my name, address, email, and phone number in our skater email group for club updates.</li> <li>• 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.</li> </ul>				



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<b>REGISTRATION DECLARATION</b>	
<ol style="list-style-type: none"> <li>1. I have read and agree to the waiver conditions on this form.</li> <li>2. I have read, agreed to the conditions and completed one Skater Medical Information Form (SMIF) per skater</li> </ol>	
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 (       )
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 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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**ONTARIO SPEED SKATING ASSOCIATION**

**INFORMED CONSENT AND ASSUMPTION OF RISK AGREEMENT**

***(To be executed by Participants under the Age of Majority)***

**WARNING! By signing this document, you will assume certain risks and responsibilities. Please read carefully**

**Participant's Name:** \_\_\_\_\_

1. This is a binding legal agreement; therefore, clarify any questions or concerns before signing. As a Participant in the sport of speed skating and the orientation, instruction, activities, programs, and services (collectively the "Activities") of the Ontario Speed Skating Association and its Clubs (collectively the "Organization"), the undersigned, being the Participant and the Participant's Parent/Guardian (collectively the "Parties"), acknowledge and agree to the following terms:

**Description of Risks**

2. The Parties understand and acknowledge that:
  - a) The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life; and
  - b) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of the Participant's fitness or abilities, may give incomplete warnings or instructions, may misjudge weather or environmental conditions, and the equipment being used might malfunction.
3. The Parties acknowledge while participating on the ice in the Activities the Participant is required to wear a securely-fitting helmet.
4. The Participant is participating voluntarily in the Activities. In consideration of that participation, the Parties hereby acknowledge that they are aware of the risks, dangers and hazards and may be exposed to such risks, dangers and hazards. The risks, dangers and hazards include, but are not limited to:
  - a) The sport of speed skating;
  - b) The "Speed Cable", a form of equipment which propels the Participant to high speeds;
  - c) Variations in ice surface;
  - d) Falling, tumbling or hitting any ice, boards, mats, ground, surface, concrete, track or other surfaces;
  - e) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
  - f) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - g) Spinal cord injuries which may render the Participant permanently paralyzed;
  - h) Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Participant's body or to the Participant's general health and well-being;
  - i) Abrasions, sprains, strains, fractures, or dislocations;
  - j) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma;
  - k) Physical contact with other participants, spectators, equipment, and hazards;
  - l) Not wearing appropriate safety equipment, such a helmet;
  - m) Failure to act safely or within the Participant's ability or within designated areas;
  - n) Equipment failure;
  - o) Negligence of other persons, including other spectators, participants, or employees; and
  - p) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's Activities

**We have read and agree to be bound by paragraphs 1-4**



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Terms

- 5. In consideration of the Organization allowing the Participant to participate in the Activities, the Parties agree:
  - a) That the Participant’s mental and physical condition is appropriate to participate in the Activities and the Parties assume all risks related to the Participant’s mental or physical condition;
  - b) To comply with the rules and regulations for participation in the Activities;
  - c) To comply with the rules of the facility or equipment;
  - d) That if the Participant observes an unusual significant hazard or risk, the Participant will remove themselves from participation and bring such to the attention of an Organization representative immediately;
  - e) The risks associated with the Activities are increased when the Participant is impaired and the Participant agrees not to participate if impaired in any way;
  - f) That it is their sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity; and
  - g) That they are responsible for the choice of the Participant’s helmet and the secure fitting of the helmet.

General

- 6. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the province of Ontario, Canada and they further agree that the substantive law of Ontario will apply without regard to conflict of law rules.

Acknowledgement

- 7. The Parties acknowledge that they have read this agreement and understand it, that they have executed this agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives.

\_\_\_\_\_

Name of Participant (print)

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name of Parent or Guardian (print)

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date

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**ONTARIO SPEED SKATING ASSOCIATION**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

***(To be executed by Participants over the Age of Majority)***

**WARNING! By signing this document, you will waive certain legal rights. Please read carefully**

1. This is a binding legal agreement; therefore, clarify any questions or concerns before signing. As a participant in the sport of speed skating and the orientation, instruction, activities, programs, and services of the Ontario Speed Skating Association (collectively the "Activities"), the undersigned acknowledges and agrees to the following terms:

**Disclaimer**

2. The Ontario Speed Skating Association and its Clubs, and their respective directors, officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, and representatives, as well as the owners/operators of the facility or facilities being used (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by a Participant during, or as a result of, the Activities, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

*I have read and agree to be bound by paragraphs 1 and 2*

**Description and Acknowledgement of Risks**

3. I understand and acknowledge that
  - a) The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life; and
  - b) The Organization has a difficult task to ensure safety and it is not infallible. The Organization may be unaware of my fitness or abilities may misjudge weather or environmental conditions, may give incomplete warnings or instructions, and the equipment being used might malfunction.
  
4. I acknowledge while participating on the ice in the Activities I am required to wear a securely-fitting helmet.
  
5. I am participating voluntarily in the Activities. In consideration of my participation, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the Activities. The risks, dangers and hazards include, but are not limited to:
  - a) The sport of speed skating;
  - b) The "Speed Cable", a form of equipment which propels me to high speeds;
  - c) Variations in ice surface;
  - d) Falling, tumbling or hitting any ice, boards, mats, ground, surface, concrete, track or other surfaces;
  - e) Vigorous physical exertion, strenuous cardiovascular workouts and rapid movements;
  - f) The failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - g) Spinal cord injuries which may render me permanently paralyzed;
  - h) Serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body or to my general health and well-being;
  - i) Abrasions, sprains, strains, fractures, or dislocations;
  - j) Concussion or other head injuries, including but not limited to, closed head injury or blunt head trauma;
  - k) Physical contact with other participants, spectators, equipment, and hazards;
  - l) Not wearing appropriate safety equipment, such a helmet;
  - m) Failure to act safely or within my own ability or within designated areas;
  - n) Negligence of other persons, including other spectators, participants, or employees;

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- o) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's Activities; and
- p) Negligence on the part of the Organization, including failure on the part of the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with my participation in the Activities.

*I have read and agree to be bound by paragraphs 3-5*

### Terms

6. In consideration of the Organization allowing me to participate in the Activities, I agree:
- a) That my mental and physical condition is appropriate to participate in the Activities and I assume all risks related to my mental or physical condition;
  - b) To comply with the rules and regulations for participation in the Activities;
  - c) To comply with the rules of the facility or equipment;
  - d) That if I observe an unusual significant hazard or risk, I will remove myself from participation and bring such to the attention of an Organization representative immediately;
  - e) The risks associated with the Activities are increased when I am impaired and I agree not to participate if impaired in any way;
  - f) That it is my sole responsibility to assess whether any Activities are too difficult for me. By commencing an Activity, I acknowledge and accept the suitability and conditions of the Activity; and
  - g) That I am responsible for my choice of helmet and the secure fitting of the helmet.

### Release of Liability and Disclaimer

7. In consideration of the Organization allowing me to participate, I agree:
- a) That the sole responsibility for my safety remains with me;
  - b) To ASSUME all risks arising out of, associated with or related to my participation;
  - c) That I am not relying on any oral or written statements made by the Organization or its agents, whether in a brochure or advertisement or in individual conversations, to agree to be involved in the Activities;
  - d) To WAIVE any and all claims that I may have now or in the future against the Organization;
  - e) To freely ACCEPT AND FULLY ASSUME all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my participation in the activities, events and programs of the Organization; and
  - f) To FOREVER RELEASE the Organization from any and all liability for any and all claims, demands, actions, damages (including direct, indirect, special and/or consequential), losses, actions, judgments, and costs (including legal fees) (collectively, the "Claims") which I have or may have in the future, that might arise out of, result from, or relate to my participation in the Activities, even though such Claims may have been caused by any manner whatsoever, including but not limited to, the negligence, gross negligence, negligent rescue, omissions, carelessness, breach of contract and/or breach of any statutory duty of care of the Organization;
  - g) That negligence includes failure on the part of the Organization to take reasonable steps to safeguard or protect me from the risks, dangers and hazards associated with the Activities; and
  - h) This release, waiver and indemnity is intended to be as broad and inclusive as is permitted by law of the Province of Ontario and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

### Jurisdiction

8. I agree that in the event that I file a lawsuit against the Organization, I agree to do so solely in the province of Ontario, Canada and further agree that the substantive law of Ontario will apply without regard to conflict of law rules. I further agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

*I have read and agree to be bound by paragraphs 6-8*



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**Acknowledgement**

9. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, spouse, children, parents, guardians, next of kin, executors, administrators and legal or personal representatives. I further acknowledge by signing this agreement I have waived my right to maintain a lawsuit against the Organization on the basis of any claims from which I have released herein.

\_\_\_\_\_

Name of Participant (print)

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date