

Registration Form 2009 – 2010
ONOWAY SKATING CLUB

Skater's Name _____

Birth date: Month _____ Day _____ Year _____

FEES:

Program level completed _____
(optional)

Program Fee \$ _____

Skate Canada Membership \$ _____

Arena Fee \$ _____

Parent/Guardian _____

Total Paid \$ _____

Address _____

Chq. # _____ Cash _____

Phone (h) _____ (w) _____

Fundraising Chq # _____

E-mail _____

(will receive newsletters and handouts by this method)

Please circle if you can receive your phone out by email instead (ie. cancellation due to weather):

YES NO

Medical History:

Any medical conditions requiring special care? (Heart, diabetes, respiratory, etc.)

In case of medical emergency, I understand every effort will be made to contact parent/guardian/spouse as listed above. In the event this individual cannot be reached, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia and/or surgery for myself or the skater as named above.

Signature of skater or parent/guardian if skater is under the age of 18 years.

ONOWAY SKATING CLUB WAIVER

In consideration of benefits to us in the acceptance of this application, the undersigned agrees to save harmless, the Onoway Skating Club, its officers, coaches and chaperones for any claims for injuries sustained during skating practices, exhibitions or competitions. We further agree there will be no claims for any loss of property while participating in any function pertaining to Onoway Skating Club. The undersigned agrees to abide by all rules of the club, Skate Canada rules and be responsible to pay all fees due and owing to the Onoway Skating Club.

I also hereby grant permission to the Onoway Skating Club to publish the registrants name and pictures in local newspapers, club newsletters, and/or programs. Please circle one: YES or NO

Signature of Skater or parent/guardian if skater is under the age of 18 years.

Date