

**LONDON SPEED SKATING CLUB 2019 Learn to Speed Skate Program
REGISTRATION FORM**

PERSONAL INFORMATION (provide details for each skater)				
Name	Shoe/Skate size	# of years skated	Level of Skating:	Date of Birth (dd/mm/yyyy)
			<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	
			<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	
			<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert	
ADDRESS:			CONTACT INFORMATION:	
Street:			Home phone #:	
City:			Cell #:	
Province:	Postal Code:		Email address:	
PARENT NAME(S) (IF SKATER UNDER 18 years of age)				
<p align="center">Mail completed registration form and cheque for \$100 registration fee to: LSSC 696 Headley Drive London, ON N6H 3V6</p> <p align="center">Cheques should be made payable to: London Speed Skating Club</p>				

Short track skates are provided.

Shin pads, knee pads, neck guards and helmets available to borrow.

Skaters to provide their own cut resistant leather or similar gloves.

Please bring a bicycle or hockey helmet the first night, in the event our helmets do not fit you or if you wish to wear your own helmet. You may also wish to use your own neck guard.

An adult must be present during the skating session unless the skater is 16 years of age or older.

Please review carefully and complete the waiver on the following page

PLEASE READ THE FOLLOWING WAIVER BEFORE SIGNING

In consideration of acceptance of this application by the London Speed Skating Club ('LSSC'), I hereby for myself and those listed above waive and release any and all rights and claims for damages against the Speed Skate Canada ('SSC'), the Ontario Speed Skating Association ('OSSA'), the LSSC, the Corporation of the City of London ('City of London') or their agents, officers, coaches or members, for any and all injuries suffered by the above named persons participating in any activities run by the LSSC.

Email, address and phone information is obtained solely for use by LSSC and its parent organizations OSSA and SSC in compliance with obligations under affiliated membership agreements. This information is used by LSSC, OSSA and SSC and will not be provided to others for any other purpose.

I understand that physically capable adults are expected to assist in placing the protective mats on the ice prior to the session start and removing them at session end.

I understand there is a certain risk involved in the sport of speed skating. I hereby commit to receiving medical attention (myself or to my child being a minor) from a qualified individual, medical practitioner, or other persons at the scene of any accident or injury and/or at a proper medical treatment facility. I shall ensure the proper equipment including helmet, neck guard, cut-proof gloves, knee and shin pads are worn at all times. A valid Ontario Health Insurance Plan (OHIP) card shall be at all speed skating sessions.

Signature (Parent/Guardian if registrant(s) under 18 years of age)

Date