



# CAMBRIDGE SPEED SKATING CLUB

## REGISTRATION 2018/2019 SEASON

SKATER #1: Name (First/Last): \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies/Medical condition: \_\_\_\_\_  
Day Month Year

SKATER #2: Name (First/Last): \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies/Medical condition: \_\_\_\_\_  
Day Month Year

SKATER #3: Name (First/Last): \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies/Medical condition: \_\_\_\_\_  
Day Month Year

OPTION	PROGRAM FEES	OSSA FEES	TOTAL
<b>Option 1</b> 1.5 hours/week	\$340	\$110	\$450
<b>Option 2</b> 3 hours/week	\$515	\$135	\$650
<b>Option 3</b> 5 hours/week	\$735	\$170	\$905

RENTAL FEES					
OPTION 1		OPTION 2		OPTION 3	
Complete set	\$145.00	Boots only	\$80.00	Blades only	\$80.00

THE FEES ARE PAYABLE BY CASH OR CHEQUE. UP TO 4 INSTALLMENTS, DUE ON THE 15<sup>TH</sup> OF EVERY MONTH COMMENCING ON SEPTEMBER 15<sup>TH</sup>. ALL POST-DATED CHEQUES MUST ACCOMPANY THIS REGISTRATION FORM.

Program Fee Skater #1: Option#: \_\_\_\_\_ \$ \_\_\_\_\_  
 Skater #2: (x 0.85) Option#: \_\_\_\_\_ \$ \_\_\_\_\_  
 Skater #3: (x0.65) Option#: \_\_\_\_\_ \$ \_\_\_\_\_

Rental Fee Skater #1: Option#: \_\_\_\_\_ \$ \_\_\_\_\_  
 Skater #2: Option#: \_\_\_\_\_ \$ \_\_\_\_\_  
 Skater #3: Option#: \_\_\_\_\_ \$ \_\_\_\_\_

Family Associate Membership \$ 60.00

(All associate memberships over 18 years of age have voting rights within the club)

FEES \$ \_\_\_\_\_

Pre-registration deduction - \$ \_\_\_\_\_

**TOTAL FEES BALANCE** \$ \_\_\_\_\_

<b>For Office Use Only</b>	Payment Received:	CASH <input type="checkbox"/>	CHEQUE(S) <input type="checkbox"/>
	INSTALLMENT Payments: _____ x \$ _____	_____ x \$ _____	

PARENT / GUARDIAN Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

PARENT / GUARDIAN Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ Phone #: \_\_\_\_\_

DUE TO THE PRIVACY ACT, WE MAY NO LONGER COLLECT HEALTH CARD INFORMATION FROM THE MEMBERSHIP. THEREFORE, ALL MEMBERS NEED TO HAVE THEIR HEALTH CARD NUMBER AND CONTACT NUMBER AVAILABLE AT ALL PRACTICES AND COMPETITIONS. AN ADULT IS REQUIRED TO ACCOMPANY ALL MINORS TO PRACTICES AND COMPETITIONS.

**WAIVER**  
**(Please read and sign)**

In consideration of accepting this registration, I hereby for myself and those listed as my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, Ontario Speed Skating Association, Cambridge Speed Skating Club, the Corporation of the City of Cambridge, or their agents, officers or members, for any and all injuries suffered by the above named persons while participating in any activities of Cambridge Speed Skating Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian is required for those registrants under 18 years of age.

I hereby commit my child, being a minor, 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian is required for those registrants under 18 years of age.

## **REFUNDS**

Refund requests must be made in writing (via email – [info@CambridgeSpeedSkating.ca](mailto:info@CambridgeSpeedSkating.ca)) or handed to the Registrar or President and will ONLY be accepted until September 15<sup>th</sup>, 2018. After this date refunds will be issued for medical reasons (accompanied by a doctor's note) only. All refunds prior to September 15<sup>th</sup> are less \$50 administration fee.

Refunds on or after September 15<sup>th</sup> must include a doctor's note and will be granted with the following administrative fees:

Prior to September 15<sup>th</sup> - \$50 administration fee (no doctor's note required)

Between September 15<sup>th</sup> and November 14<sup>th</sup> (inclusive) - 50% refund

Between November 15<sup>th</sup> to December 15<sup>th</sup> (inclusive) - 25% refund

No refunds after December 15<sup>th</sup> for any reason.

## **NSF Cheques**

There will be a \$35 charge for all NSF Cheques. Skaters will not be allowed to participate in training and lessons while there is an outstanding NSF Cheque and NSF fees.