

Name

## REGISTRATION

Please print all information clearly and completely.

Emergency Contact		Phone (	)
E-mail			
Home Phone (	)	Cell Phone (	)

Please list ALL Skaters and Associates\*

Name	Birthdate	Program	Member #
1.			
2.			
3.			
4.			
5.			

\* Every skater under 16 requires at least one parent/guardian to register as an Associate

YES	NO	I give the Club permission to use photos of the above members on promotional materials & website.
YES	NO	I confirm I have read and understood BCSSA's Concussion Policy.

## WAIVER:

INDEMNIFICATION CLAUSE; I hereby give my consent for the above mentioned applicant(s) to participate in any and all activities of the Fort St. John Recreational & Speed Skating Club. I assume all risks, including going to and from club functions and hereby release the Club, its Directors and all members from any claims or any blame arising out of any loss of injury that may occur to the above mentioned applicant(s).

In consideration of registering, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, its member clubs and the British Columbia Speed Skating Association, their agents, officers or members and the Fort St. John Recreational & Speed Skating Club, their agents, officers or members or members at such event(s) to be held at whatever venue site during the season.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY LEGISLATION; The provision of the information requested by the Fort St. John Recreational & Speed Skating Club is subject to the policies contained in the Club's Privacy Policy. I acknowledge that I have seen a copy of the club's Privacy Policy and I fully understand the implications of the policy.

