



FAMILY NAME _____

MAILING ADDRESS _____ POSTAL CODE _____

PHONE # HOME _____ Cell #'s (Mom) _____ (Dad) _____

E-MAIL ADDRESS _____

MOTHER _____ FATHER _____

EMERGENCY CONTACT _____ PHONE # _____

Please list all skaters and associates

Name	SSC #	Date of Birth	Group/Category
1.			
2.			
3.			
4.			
5.			
6.			

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, for any and all injuries suffered by me at such event (s) to be held at whatever venue site during the season.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY LEGISLTATION

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 been given a copy of the club's Privacy Policy and I fully understand the implications of the policy.

Signature of Parent/Guardian or Skater

Date

VOLUNTEER OPPORTUNITIES (Please place a check mark in at least one of the following areas in which you can help)

Officiating	Committee Member	Coaching	Meet Preparation
<input type="checkbox"/> Timer <input type="checkbox"/> Place Judge <input type="checkbox"/> Results <input type="checkbox"/> Guard runner <input type="checkbox"/> Results runner	<input type="checkbox"/> Hospitality <input type="checkbox"/> Communications <input type="checkbox"/> Membership <input type="checkbox"/> Competitions	<input type="checkbox"/> Coach <input type="checkbox"/> Off Ice Parent Helper <input type="checkbox"/> On Ice Assistant	<input type="checkbox"/> Bring food <input type="checkbox"/> Set up/ Clean up <input type="checkbox"/> Coordination of Activities

OFFICE USE ONLY

Canadian Citizen Yes/No Medical Form Complete Yes/No
 Skate Rental Amount _____ Skate Rental Paid Yes/No

Volunteer /Fundraising Policy explained to new member Yes/No

Fundraising Chq# _____

Permission to destroy fundraising cheque Yes/No

Added to Email List Yes/No

Added to SSC Database Yes/No

On Coaches List Yes/No

Tax Receipt Provided Yes/No

Tax Receipt Number and Amount _____

COMMENTS: