

**CONTACT US and arrange to
give it a TRY FOR FREE before
deciding to join the club!**



**Kamloops Long Blades
Speed Skating Club**

Special Event Skater 2010-2011

The Kamloops Long Blades Speed Skating Club welcomes you and hopes you will enjoy this opportunity to experience speed skating during our practice today. Have fun!

Please print all information clearly and completely.

Family Name _____

Parent Names _____

Address _____

Postal Code _____

Home Phone (250) _____

E-mail _____

	Skater's Name	Birth Date	Age
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are there any medical concerns that could affect full participation or the coach should know?

Safety Equipment Required: Hard shell helmet without slits, cut/water resistant gloves, Kevlar bib neck protector, kneepads and shin guards are mandatory.

WAIVER: By signing this form, 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 the Kamloops Long Blades Speed Skating Association, its agents, officers and members and the City of Kamloops, for any and all injuries suffered on or off the ice in the **2010/2011** skating season.

The information collected here is under the authority of the Freedom of Information and Protection of Privacy Act and BC Personal Information Protection Act (PIPA). It is required to register you in the lessons and may be used to contact you. Financial information will be used to process payment. Names/Pictures may be published on boards, media or club communications (newsletters/website). Medical information will only be used in a medical emergency. If you have questions about the collection of or use of this information, contact the Kamloops Long Blades event Coordinator.

x _____ **Date** _____
SIGNATURE (Parent or Legal Guardian, if skater is under 19)