

FALL 2016 LESSON Registration



REGISTRATION Program Fee \$120.00

SIGN UP FOR:

Fall 2016 LEARN TO SKATE/SPEED SKATE (8 sessions) - starting October 20th, 2016

Join us at McArthur Island Olympic Rink at 6pm for dryland warm-up. On-ice lessons 6:30pm sharp to 7pm.

Please print information below clearly and completely and attach payment. Forms can be mailed to:

Registrar: Kamloops Long Blades c/o 2575 Tupela Drive, Kamloops. V2B 6V8

Email: registration@kamloopslongblades.com

FAMILY Name _____

Parent Name(s) _____

Address _____ **City** _____

Postal Code _____

Home Phone (250) _____ **Cell (250)** _____

E-mail (primary communication) _____

Skater Name(s)	Birth Date (Mon DD YYYY)	Current Age
1) _____	<i>enter Month Day Year</i>	_____
2) _____	<i>example Feb 3, 2004</i>	_____
3) _____	<i>example Aug 7, 2006</i>	_____

Safety Equipment is Required: ALL SKATERS MUST wear mandatory equipment: Hard shell helmet without slits, cut/water resistant gloves, Kevlar bib neck protector, kneepads and shin guards, goggles.

Learn to Skate participants use their own skates.

Use of club speed skates is included in the cost of the Learn to Speed Skate sessions.

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

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 **2016/2017** 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)

The **Kamloops Long Blades Speed Skating Club** welcomes you.
 We hope you will enjoy this opportunity to experience skating with our club.

* This program is eligible for the **Children's Fitness Tax Credit** – receipts will be issued.

CONTACT: Sandi Vyse, Coach Coordinator 250.851.1481 or Jodi Roberts 250.371.7912