MATSQUI BLADES SPEEDSKATING ASSOCIATION

2016-2017 Skater Registration

			Registrar Use:		
Last Name:	Birthdate: (D/M/Y)		Age: Category:		
First Name:	Gen	der:			
Parent/Guardian Names: 1)		DOB:	SSC #		
*Parents register as Associate Members 2)		DOB:	SSC #		
Address:		City	r:		
Postal Code:	Home Phone:	Cell Phone:			
E-mail Address:					
Citizenship: (Canadian, Land	ed Immigrant or Ot	her)	·····		
assume all risks, including going to and blame arising out of any loss of injury t In consideration of you accepting this a all rights and claims for damages I may their agents, officers or members and t	from club functions and hat may occur to the above pplication, I hereby, for make against Speed Skatiche Host Club for any injurited by Matsqui Blades Speche beginning of the seasoft to state "I have read and	nereby release the Association, its ave mentioned applicant. byself, my heirs, executors, administing Canada, its member clubs and a lies suffered by me at such event(s) beedskating Association is subject to or can be requested from the Property agree with the BCSSA Concussion beed-skating.bc.ca/about/safety/	o the policies contained in the Association's esident at any time.		
Signature of Skater or Parent if skater	is under 18				
	Frain, Juniors and upv C fees)	00.00 Monday and Friday p owards \$900.00 Monday, W e	ractice (includes \$120.00 BC/SSC fees) ednesday, Friday practice Total:		
Please mak	e cheques payable to	o Matsqui Blades Speedska	ting Association		
Did you notice online advertisin	g from Speed Skating	; Canada? Yes	No		