

Mission Racers Speed Skating club

2018-2019 Season Registration Form

(visitor)

Skaters information (Please print or type)

Name	
Address	
City	Postal Code
Phone	
Date of Birth	
Age	
PHN	

Parent/Guardian	
Cell	
Email	
Second Emergency Contact Name and Number	

New Member - maximum 2 session try out.

Must never have previously been registered with BCSSA in past.

Consent:

I hereby give my consent for the above named applicant to participate in any and all activities of the MISSION RACERS SPEED SKATING CLUB. I assume, ALL the risks, including those traveling to and from club functions. I hereby release the club, its directors and members, from any claims or blames arising out of any loss or injury which may occur in respect to the above named applicant. In consideration of accepting this application, 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 Skate Canada, its member clubs and British Columbia Speed Skating Association, their agents, officers or members and the Host Club for any injuries by me at such events to be held at whatever venue during 2018-2019 season.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register applicants with SSC (Speed Skating Canada) and BCSSA (BC Speed skating Association), and could be used to contact you regarding future events. Organizations of camps or competitions require that names will appear on posted grouping lists and result printouts. Names, Video clips and photographs may be published on boards, media and newsletters as well as for promotional purposes by the MRSSC as they see fit. If you have questions about the collection of or use of this information, contact the Executive. I acknowledge that I have been given a copy of the Club's Privacy Policy and I fully understand the implication of the policy.

The information you provide will be kept in confidence and will only be shared on “need to know” basis as set in the Mission Racers Speed Skating Club privacy policy.

Please complete the information below if the skater has any medical conditions that:

1. May impede the skater’s ability to participate fully in the training program;
2. Requires the skater to take medication, and where the taking of these medications may be at times when the skater is at practice, competition or other club event;
3. In the case of an emergency where the skater is transported to a hospital or other medical facility, the persons providing treatment should be aware of a pre-existing condition (i.e. diabetic, blood disorder, etc.);
4. You feel that the coaches or those offering medical assistance or the other assistance should be aware of.

Skater Name _____

Provincial Medical Number _____

Doctor Name _____

Doctor Phone Number _____

Please write below the condition that you feel should be disclosed, including where applicable medications and pre-existing conditions.

PARENT OR GUARDIAN MUST SIGN IF APPLICANT IS UNDER THE AGE OF 18

Signature	
Date	