

FALL SKATE REGISTRATION



2011 / 2012 Season
(SEPTEMBER)

Skater's name:		
Father's name:		Mother's name:
Address: (Street) (City/town) (Postal Code)		
Phone:	E-mail:	
Date of Birth: / /	Gender:	Medicare #:
Doctor:		
Allergies/Medical Conditions:		
Medications required:		

In considerations of you accepting this fall registration, I, _____ hereby, for myself, my heirs, executors, administrators, and assigned, waive and release any and all claims for damages I may have against the C.A.S.S.A., S.S.N.B., the Codiac Cyclones Speed Skating Club, the City of Dieppe, their agents, officers or members, for any and all injuries suffered by me.

I hereto set my hand and seal this _____ day of _____, 2010

Skater's signature (parent or guardian, if under 18 years of age)

Photo/Video Release

I hereby give permission for images captured during regular season and special Speed Skating activities through video, photo and digital camera, to be used solely for the purpose of the Codiac Cyclones Speed Skating Club promotional material and publications (including web site and news print), and waive any rights of compensation or ownership thereto.

Skater's signature (parent or guardian, if under 18 years of age)

Administrative Use

Fees

Fall Skate	Amount	
Group A Fall Skate	\$100.00/Skater	
Group B Fall Skate	\$100.00/Skater	

Receipt written	Amount	\$
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Volunteer Sign Up

Open House - Yes ___ No ___
 Season Parties - Yes ___ No ___
 Codiac Meet - Yes ___ No ___

I am interested in available Board Positions – Yes ___ No ___