

## 2016-2017 Vortex Registration

Last Name of Skater	First Name of Skater
Date of Birth	Address
Postal Code	Phone Number
Skater Cell number	Email
Parent Name	Cell number
Email address	
Parent Name	Cell number
Email address	-
Vortex. I assume all risks, including going to and from club function Vortex from any claims or any blame arising out of any loss or inju	ny consent for the above mentioned applicant to participate in all activities with Vernon ns and hereby release the Vernon Vortex, the Directors and all members of the Vernon rry that may occur to the above mentioned applicant. The provision of the information d in the Vernon Vortex privacy policy. I acknowledge that I have been given a copy of the s. Initial
release any and all rights and claims for damaged I may have aga	cation, I hereby for myself, my heirs, executors, administrator and assigns, waive and inst Speed Skating Canada, the member clubs, and the British Columbia Speed Skating or any injuries suffered by me at such events to be held at any venue site during the
	rms of the Vernon Vortex Speed Skating club of conduct and the rules, expectations and d for each skater as well as his/her parents (if under the age of 19) Initial
	nd SSC members and media to photograph individuals or interview (with use of digital ents and to promote various events that take place throughout the season. Skaters names spapers, newsletters and online. <b>Initial</b>
I hereby give my consent for	to be photographed/videotaped/interviews YES NO

Signature of applicant of parent/guardian	Date