



Arrange to give it a TRY FOR FREE before deciding to join the Club

SPECIAL EVENT SKATER

The Vernon Vortex Speed Skating Club welcomes you and hopes you will enjoy this opportunity to experience speed skating today. Have fun!

Please print all information clearly and completely.

Family Name _____ Date _____

Parent Name(s) _____

Address _____ Postal Code _____

Home Phone (_____) _____

E-Mail _____

	Skater Name(s)	Birthdate (D/M/Y)	Age
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

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

Safety Equipment Required: Hard shell helmet without slits, cut/water resistant gloves, Kevlar bib neck protector, shatter proof glasses, kneepads, shin guards, and Kevlar ankle cuffs are mandatory.

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 Vernon Speed Skating Club, its agents, officers and members and the City of Vernon, for any and all injuries suffered on or off the ice in the 2017/2018 skating 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 into 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 (newsletter/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 Vernon Speed Skating Club event coordinator.

X _____ Date _____

SIGNATURE (Parent or Legal Guardian, if skater is under 19)

"I TRIED SPEED SKATING AND I LOVE IT!"