

Whitehorse Rapids Speed Skating Club



2016-2017

Main Contact Information

Name:	
Address:	
Postal Code:	
Email:	
Phone: (H)	(C or emergency #)

Skater 1 information

Name:			
Date of Birth:		Age as of July 1, 2016:	
FUNd/L2T/New masters	Sun 4:00-5:15 pm	\$225	\$
FUNd/L2T/New masters	Wed 4:45-6:00pm	\$225	\$
Both FUNd/L2T	Sun and Wed	\$435	\$
T2T/Jr/Sr/Master	Tues 5:30-7:00, Thurs 5:30-7:00, Sun 5:30-7:00		
	2 sessions/ week	\$510	\$
	3 session/ week	\$745	\$
Skate Rental *	Full Season	\$100	

*Skates are also available for purchase, with price calculated based on condition of skates (\$150 to \$300)

Skater 2 information

Name:			
Date of Birth:		Age as of July 1, 2016:	
FUNd/L2T/New masters	Sun 4:00-5:15 pm	\$225	\$
FUNd/L2T/New masters	Wed 4:45-6:00pm	\$225	\$
Both FUNd/L2T	Sun and Wed	\$435	\$
T2T/Jr/Sr/Master	Tues 5:30-7:00, Thurs 5:30-7:00, Sun 5:30-7:00		
	2 sessions/ week	\$510	\$
	3 session/ week	\$745	\$
Skate Rental	Full Season	\$100	

Continued on next page...

Is the contact listed above an associate member? If no, complete next line:

Associate Member Name:

The contact above must be an associate member. The WRSSC requires that there be at least one parent / guardian Associate Member per family if ANY skaters are under the age of 18 years. The only exceptions are (1) if the contact is 18 or older or (2) the contact is also registering as a skater. Membership fee to WRSSC covers membership costs to YASSA and Speed Skating Canada, which ensures skaters and volunteers are covered by insurance in the event of a serious injury.

SSC Participant Skater memberships <i>(Select if you will NOT compete in an outside meet)</i>	Number of skaters x \$15	\$
SSC Competitive Skater memberships <i>(Select if you intend to compete in any Outside meet)</i>	Number of skaters x \$35	
Associate memberships	Number of associates X \$5	\$
	Total fees	\$

Waiver: In consideration of acceptance of this registration, I hereby, for myself, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against the Whitehorse Rapids Speed Skating Club and Yukon Amateur Speed Skating Association, their agents, officers, representatives or members, for any and all injuries suffered by my child(ren) or myself during events organized by or made available to me as a result of my participation in the activities of Whitehorse Rapids Speed Skating Club and Yukon Amateur Speed Skating Association and any claim for loss of personal property of any description.

I hereby give my consent for the above mentioned applicant to participate in any and all activities of the WRSSC. I assume all risks, including going to and from club functions and hereby release the Club, it's Directors and all members from any claims or any blame arising out of any loss of injury that may occur to the above mentioned applicant.

Signature: _____
Skater or of Parent / Guardian (Main contact as listed above)

Date: _____

For Information, check out website at www.shorttrack06.com, or contact Pauline, WRSSC equipment manager 336-1040 or Michael, Registrar 667-7399

Be sure to print and complete the medical profile/consent page as well. (Page 3 of this document).

For additional skaters in same family, print and complete the next page also.

Additional skaters:**Skater 3 information**

Name:			
Date of Birth:		Age as of July 1, 2016:	
FUNd/L2T/New masters	Sun 4:00-5:15 pm	\$225	\$
FUNd/L2T/New masters	Wed 4:45-6:00pm	\$225	\$
Both FUNd/L2T	Sun and Wed	\$435	\$
T2T/Jr/Sr/Master	Tues 5:30-7:00, Thurs 5:30-7:00, Sun 5:30-7:00		
	2 sessions/ week	\$510	\$
	3 session/ week	\$745	\$
Skate Rental	Full Season	\$100	

Skater 4 information

Name:			
Date of Birth:		Age as of July 1, 2016:	
FUNd/L2T/New masters	Sun 4:00-5:15 pm	\$225	\$
FUNd/L2T/New masters	Wed 4:45-6:00pm	\$225	\$
Both FUNd/L2T	Sun and Wed	\$435	\$
T2T/Jr/Sr/Master	Tues 5:30-7:00, Thurs 5:30-7:00, Sun 5:30-7:00		
	2 sessions/ week	\$510	\$
	3 session/ week	\$745	\$
Skate Rental	Full Season	\$100	

Skater 5 information

Name:			
Date of Birth:		Age as of July 1, 2016:	
FUNd/L2T/New masters	Sun 4:00-5:15 pm	\$225	\$
FUNd/L2T/New masters	Wed 4:45-6:00pm	\$225	\$
Both FUNd/L2T	Sun and Wed	\$435	\$
T2T/Jr/Sr/Master	Tues 5:30-7:00, Thurs 5:30-7:00, Sun 5:30-7:00		
	2 sessions/ week	\$510	\$
	3 session/ week	\$745	\$
Skate Rental	Full Season	\$100	

Rapids Speed Skating Club
Yukon Amateur Speed Skating Association

Skater medical profile and consent form

Skaters Name _____

Parents/Guardians _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate emergency contact and phone number

Medical Information

Yukon Health Care Number _____

Birth date _____

Any Medical Condition, allergies, etc.: _____

We will make every effort to contact you in the event of an accident. If your phone number should change please let us know so we can update your information.

In the case of any medical emergency while taking part in activities with Whitehorse Rapids Speed Skating Club and /or Yukon Amateur Speed Skating Association, I hereby give consent to coaches (Phil Hoffman, David Knight and/or Pauline Craig) to authorize any emergency treatment that may be deemed necessary by an attending physician.

Parents/Guardian

Signature _____

Date _____