



Coaches and Associate Registration Form 2015/16

Name _____ M/F _____

Birthdate _____ Age _____

Address _____

Postal Code _____ Phone _____ Cell _____

Parent/Guardian _____

_____ Citizenship _____

Medical Plan

No _____ Email _____

Doctor _____

Doctor's Phone _____

Medical problems we should be aware of:

Coach: _____ Coach Assistant: _____ Associate: _____

Waiver: In consideration of my accepting this position with the Nelson Speed Skating Club. I assume all risks, including going to and from club functions, putting mats on and off the ice and I hereby, for myself, my heirs, executors, and administrators waive and release the Nelson Speed Skating Club, its Directors and members, BCSSA, SSC and the NDCC facility operators from any claims or any blame arising out of any loss or injury suffered by me during the NSSC Season: Sept. 2015 – Sep. 2016.

DATE SIGNED: _____

SIGNATURE: _____

(Parent/guardian if under legal age of 18)