



# Nelson Speed Skating Club

## Coaches and Associate Registration Form 2014 - 2015

Name \_\_\_\_\_ M/F \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
(Last) (First) day/mo/yr

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Citizenship \_\_\_\_\_

Medical Plan No \_\_\_\_\_ Email \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Medical problems we should be aware of: \_\_\_\_\_

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Coach: \_\_\_\_\_ Coach Assistant: \_\_\_\_\_ Associate: \_\_\_\_\_

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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. 2014 – Sep. 2015.

DATE SIGNED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent/guardian if under legal age of 18)