



Registration Form 2015/2016

Name _____ M/F _____ Birthdate _____
(Last) (First) (Dd/mm/yy)

Address _____ Postal Code _____

Phone _____

Parent/Guardian _____

Citizenship _____

Medical Plan No. _____

Email _____

Doctor _____ Doctor's

Phone _____

Medical problems we should be aware of:

All information on the form MUST be completed for insurance purposes.

Please check off which days you wish to be skating. All Skaters will skate in the first session. Skaters wishing to have a supervised performance based training plan may stay for the second. All registered skaters may attend any sessions, you simply pay for how many days a week you wish to attend.

Speed Skating All skaters: Mon. 5:00 – 6:00pm Thurs. 5:00 – 6:00pm Speed Skating performance: Mon. 6:00 – 7:00pm Thurs. 6:00 – 7:00pm

Club Fees: 1 day/week \$200 _____ 2 days/week \$250 _____

BCSSA Fees: Non-competitive \$80 _____

Competitive \$115 _____ Associate \$20 _____

Elite Competitive \$150 _____ (Age 15-19 who wish to compete, and age 11 and older who may compete in National competitions). BCSSA fees cover our insurance and are mandatory.

Intro to speed skating (10 sessions) \$200 _____ (Includes skate rentals) Junior coaches 25% off Club Fees _____ (check if applicable) Family rate – \$1000 _____ (includes all fees, except skate rentals which are 50% off)

Skate Rental: \$75/season _____ (per pair, Family rate is %50 off)

Total Fees \$ _____ Skate Rentals \$ _____

Total Paid \$ _____

*Payment plans may be available however BCSSA fees must be paid in full before being allowed on the ice for insurance purposes. *Fees are reduced on a pro-rated basis after November 15th Paid _____ Cheq. # _____

CONSENT: I hereby give my consent for the above-mentioned applicant to participate in any and all activities of the Nelson Speed Skating Club. I assume all risks, including going to and from club functions, and I hereby release the Nelson Speed Skating Club, its Directors and members and the Nelson District Community Complex from claims or any blame arising out of any loss or injury that may occur to the above- mentioned applicant. I understand that fees are non-refundable except with a note from your doctor, in which case there will be a non-refundable \$25.00 admission fee after November 15, 2014.

DATE SIGNED: _____

(Parent/Guardian if under legal age of 18)