



Registration 2017-2018

*Biggar Skating Club
Skate Canada Member*

Name _____ Date of Birth: _____

Address (Box No.) _____

Age _____ Female/Male _____ Skate Canada Registration Number _____

Telephone _____ E-mail _____

Parents' names _____

Full Time Skater:

* \$36.73 Skate Canada Membership, Safe Sport, & Skate Canada Insurance Fees
* 338.27 Biggar Skating Club Fee

\$375.00 Total

\$200.00 in fundraising/family

Payment

Cheque for \$375.00 dated Sept. 1/17 Ch # _____

Cheque for \$200.00 dated March 1/18 Ch# _____
(not cashed unless fundraising obligation is not met)

or

Cheque for \$205.00 dated Sept. 1/17 Ch # _____

Cheque for \$170.00 dated Jan. 1/18 Ch # _____

Cheque for \$200.00 dated March 1/18 Ch# _____
(not cashed unless fundraising obligation is not met)

Part Time Skater:

* \$36.73 Skate Canada Membership, Safe Sport, & Skate Canada Insurance Fees
* 263.27 Biggar Skating Club Fee

\$300.00 Total

\$200.00 in fundraising/family

Payment

Cheque for \$300.00 dated Sept. 1/17 Ch# _____

Cheque for \$200.00 dated March 1/18 Ch# _____

(not cashed unless fundraising obligation is not met)

or

Cheque for \$200.00 dated Sept. 1/17 Ch# _____

Cheque for \$100.00 dated Jan. 1/18 Ch# _____

Cheque for \$200.00 dated March 1/18 Ch# _____
(not cashed unless fundraising obligation is not met)

Skater Medical Information Card

Name: _____

Date of Birth: _____
(Day/Month/Year)

Person to be contacted in case of emergency: _____

Phone Numbers: Day _____ Night _____

Alternative Contact: _____

Phone Numbers: Day _____ Night _____

Family Doctor: _____

Phone Number: _____

Hospital Insurance Number: _____

Relevant Medical History: _____

Medications:

Allergies: _____

Previous Injuries: _____

Does the skater know how to administer his/her own medications? Yes No

Other Conditions: (Braces, contact lenses, etc.) _____

I hereby certify that I am the parent/guardian of

(Skater's Name)

who is under 18 years of age and I hereby consent to any emergency medical procedures which
my deemed necessary by a licensed medical practitioner as a result of his/her involvement in a
sport activity.

(signature of parent or guardian)

Date

Waiver and Consent Form

Waiver of Liability

In consideration of the benefits awarded by the acceptance of this application, the applicant agrees to hold and save harmless Biggar Skating Club, its Executive Members and the Town of Biggar for any claims and injuries sustained during the skating sessions, or for any loss of property. In the event of mechanical failure there shall be no entitlement to a refund, except at the sole discretion of Biggar Skating Club. The applicant agrees to abide by all the rules of the club and Skate Canada as set forth in the parent manual of Biggar Skating Club and the rulebook of Skate Canada.

Print Name of Skater

Signature of Skater (or Parent if under 18)

Date

Media Release

From time to time, Biggar Skating Club posts pictures of their skaters on the bulletin board, website and in the local newspaper. I hereby authorize the use of my skater's name and picture and limit their use for Biggar Skating Club associated activities only.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date