



PORT COQUITLAM SPEED SKATING DROP-IN REGISTRATION 2018-2019



Name _____ (Last) PLEASE PRINT BLOCK LETTERS (First) Male Female

Birth date ____ / ____ / ____ Age as of Jun 30/2018 ____ Age Class ____ (Registrar)
Day Month Year

Status: Check box Canadian Landed Immigrant Permanent Resident International registered skater

Contact information: Father _____ Mother _____
(Both parents/guardians are registered as Lightning Speed Skating associate members if applicable)

Address _____

E-mail _____

Phone Number _____ (home) _____ (Cell)

BC Club currently registered under: _____

I give permission for the **contact** information to be circulated in a club phone list: YES NO

Emergency Contact _____ Phone number _____

Activities: I hereby give my consent for the above-mentioned applicant to participate in any and all activities of the Lightning Speed Skating Club. 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.

Competitions/Camps: In consideration of you accepting this application, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skating Canada, it's member clubs and the British Columbia Speed Skating Associations, their agents, officers or members and the Host Club for any injuries suffered by me at such event(s) to be held at whatever venue site during the 2018-2019 season.

Privacy Act: The provision of the information requested by the POCO Lightning Speed Skating CLUB is subject to the policies contained in the Club's Privacy Policy. I acknowledge that I have been given a copy of the Club's Privacy Policy and I fully understand the implications of the policy.

Code of Conduct: I acknowledge that I have been given a copy of the code of conduct for POCO Lightning Speed Skating and agree to the terms, expectations and consequences.

REGISTRATION FEES: (Please make cheques payable to: Port Coquitlam Speed Skating Club)

Program	Fees (Ice time)	Fees (BCSSA/SSC registration and Insurance)	Total Cost	Ice Times
High Performance*	<input type="checkbox"/> \$375	N/A		Thursday**
T2T Regular (2 day/wk)*	<input type="checkbox"/> \$545	N/A		Sun/Thursday**
Total Paid				

Note: * Full Season commitment.

**** Thursday's practices are subject to coaches' approval**

Signature of Parent or Guardian if under 19 _____ Signature of Participant _____

Date: _____ Club representative _____

Please fill out second page. If someone other than a parent will be at the rink assisting please provide that persons information as well.



PORT COQUITLAM SPEED SKATING CLUB

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION		2018-2019 SEASON
First Name	Last Name	
Street Address	Home Telephone	
City	Cell Phone	
Postal Code	Email (for POCO use)	
Date of Birth (dd/mm/yyyy)		

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION		2018-2019 SEASON
First Name	Last Name	
Street Address	Home Telephone	
City	Cell Phone	
Postal Code	Email (for POCO use)	
Date of Birth (dd/mm/yyyy)		

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION		2018-2019 SEASON
First Name	Last Name	
Street Address	Home Telephone	
City	Cell Phone	
Postal Code	Email (for POCO use)	
Date of Birth (dd/mm/yyyy)		

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION		2018-2019 SEASON
First Name	Last Name	
Street Address	Home Telephone	
City	Cell Phone	
Postal Code	Email (for POCO use)	
Date of Birth (dd/mm/yyyy)		

Some information may be shared with Speed Skating Canada and British Columbia Speed Skating Association as needed in the administration on the sport.

All information contained here-in is considered confidential

