



**PORT COQUITLAM SPEED SKATING**  
**LEARN TO SKATE REGISTRATION 2019-2020**



Name \_\_\_\_\_ Male  Female   
 (Last) PLEASE PRINT BLOCK LETTERS (First)

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of **Jun 30/2019** 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)

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number \_\_\_\_\_ (home) \_\_\_\_\_ (Cell)

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

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

**Fundraising: In order to qualify for our Provincial funding that offsets a good portion of our costs, We must perform fund-raising activities. It is expected therefore that all Members participate.**

**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 **2019-2020** 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
Learn to Speed Skating Opt 2	<input type="checkbox"/> \$160*	<input type="checkbox"/> \$30		Sun (45 minutes, 10 weeks)
<b>Total Paid</b>				

**Note: \* Skate rental cost included in registration fee for Learn to Speed Skating**

**PLUS: \*\$250.00 Separate Post-dated cheque required for Skate damage deposit when Skater picks up skated. Dates – TBA**

**If a Learn to Skate decides to join the club Full-time; ice fees, skate rental and equipment fees will be prorated accordingly.**

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		2019-2020 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		2019-2020 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		2019-2020 SEASON	
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*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*