

PORT COQUITLAM SPEED SKATING LEARN TO SKATE REGISTRATION 2020-2021



Clast PLEASE PRINT BLOCK LETTERS First Sirth date DD MMM YYYY Age as of June 30/2020 Age Class Registrar PDD MMM YYYYY 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 Email Phone Number (home) (Cell)	Name				Male Female
Status: Check box	(Last)	PLEASE PRI	NT BLOCK LETTERS	(First)	
Status: Check box		Age as	s of June 30/2020	Age Class	Registrar
Contact information: Father Mother					
Both parents/guardians are registered as Lightning Speed Skating associate members		n ∐ Landed		i Resident ∐ Interi	national registered skater
Address Email Phone Number (home)	Contact information: Father	ents/auardian	Mother	na Sneed Skatina as	sociata members)
Phone Number (home) (Cell)	Address			ig opeed okaling as	sociate members)
Emergency Contact					
Emergency Contact	Phone Number (home)		(Cell)		
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 Skat 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 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 as waive and release any and all rights and claims for damages I may have against Speed Skating Canada, it's member clubs and the Britis Columbia Speed Skating Associations, their agents, officers or members and the Host Club for any injuries suffered by me at such event, held at whatever venue site during the 2020-2021 season. **Privacy Act:** The provision of the information requested by the POCO Lightning Speed Skating CLUB is subject to the policies or the Club's Privacy Policy. I acknowledge that I have been given a copy of the Colub's Privacy Policy and I fully understand the implication 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 terms, expectations and consequences. **REGISTRATION FEES:** (Please make cheques payable to: Port Coquitlam Speed Skating Club) For E-Transfer please email pocolightningspeedskating@gmail.com** Enter e-transfer PW **Program** Fees** (Ice time) (BCSSA/SSC registration and Insurance) Sun (45 minutes, 10 w. Total Paid **Note:** Skate rental cost is included in registration fee for Learn to Speed Skating 10 week program PLUS:*\$500.00 Separate Post-dated cheque required for Skate damage deposit when Skater picks up skated. Date If a Learn to Skate decides to join Port Coquitlam Speed S					
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Date: Club representative	Signature of Participant or Parent/ (Guardian if ur	nder 19		
	Date:		C	Club representative	

Please fill out second page. If someone other than a parent will be at the rink, please provide that persons information. Please click the SUBMIT button on the second page or email completed form to pocolightningspeedskating@gmail.com

Rev. 06.2020



PORT COQUITLAM SPEED SKATING CLUB



PARENT /ASSOCIATE / VOLUNTEER REGISTRATION	2020-2021 SEASON			
First Name	Last Name			
Street Address	Home Telephone			
City	Cell Phone			
Postal Code	Email (for POCO use)			
Date of Birth (d/mmm/yyyy)				
PARENT /ASSOCIATE / VOLUNTEER REGISTRATION 2020-2021 SEASON				
First Name	Last Name			
Street Address	Home Telephone			
City	Cell Phone			
Postal Code	Email (for POCO use)			
Date of Birth (d/mmm/yyyy)	·			

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION	2020-2021 SEASON			
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City	Cell Phone			
Postal Code	Email (for POCO use)			
Date of Birth (d/mmm/yyyy)				
PARENT /ASSOCIATE / VOLUNTEER REGISTRATION 2020-2021 SEASON				
First Name	Last Name			
First Name Street Address	Last Name Home Telephone			
Street Address	Home Telephone			

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