



PORT COQUITLAM SPEED SKATING REGISTRATION 2020-2021

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

Birth date _____ Age as of Jun 30/2020 _____ Age Class _____ (Registrar)
dd / mm / yyyy (Club purposes only)

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 _____
(Street) (City) (Province) (Postal Code)

Email _____

Telephone (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 2020-2021 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) For E-Transfer please email pocolightningspeedskating@gmail.com Enter e-transfer PW

Program	Fees (Ice time)	Fees (BCSSA/SSC registration and Insurance)	Total Cost	Ice Times
High Performance	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$178		Sat/Sun/Tue/Thur**
Regular (3 day/wk)	<input type="checkbox"/> \$900	<input type="checkbox"/> \$137 / <input type="checkbox"/> \$178 * (**Thurs option for Elite)		Sat/Sun/Tue
Regular (2 day/wk)	<input type="checkbox"/> \$775	<input type="checkbox"/> \$137 / <input type="checkbox"/> \$178 * (**Thurs option for Elite)		Sat/Tue or Sun/Tue
Mandatory Family/Associate Registration		<input type="checkbox"/> \$ 51		
Skate Rental Only (if required)	<input type="checkbox"/> \$300			

Total

PLUS: A separate Fundraising cheque for \$150.00 required upon registration

Note: * Fee to be paid if skater is Elite ** Thursday's Subject to coaches approval

Additional Costs: If coaches are required to travel for competitions, costs may be incurred by the skater(s) to cover said costs if club funding is not available.

Skate Rental **\$500.00** Separate Post-dated cheque for March 1, 2021 is required for Skate damage deposit when Skater picks up skates. Dates – TBA

Signature of Participant OR Parent /Guardian if under 19 _____ Date: _____

Signature

Second page must have parent(s) information as well as any person that will be responsible for skater while at the rink

Please click the SUBMIT button on the second page or email completed form to registration@lightningspeedskating.com

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 (dd/mm/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 (dd/mm/yyyy)			

PARENT /ASSOCIATE / VOLUNTEER REGISTRATION		2020-2021 SEASON	
First Name		Last Name	
Street Address		Home Telephone	
City		Cell Phone	
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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