

CONTACT US

Arrange to give it a TRY FOR FREE before deciding to join the club.



kamloopslongblades.ca

Special Event Skater

2018-2019

The Kamloops Long Blades Speed Skating Club welcomes you and hopes you will enjoy this opportunity to experience speed skating today. Have fun!

Please print all information clearly and completely.

Family Name _____

Parent Names _____

Address _____ Postal Code _____

Home Phone () _____

E-mail _____

	Skater Name(s)	Birth Date	Current Age
1)	_____	<i>Month Day Year</i>	_____
2)	_____	<i>Month Day Year</i>	_____
3)	_____	<i>Month Day Year</i>	_____

Are there any medical concerns that could affect full participation or the coach should know?

SAFETY EQUIPMENT IS REQUIRED. ALL SKATERS MUST WEAR MANDATORY SAFETY EQUIPMENT. Please bring your own hard shell helmet without slits (ski/snowboard/hockey) & cut/water resistant gloves.

WAIVER: By signing this form, 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 the Kamloops Long Blades Speed Skating Association, its agents, officers and members and the City of Kamloops, for any and all injuries suffered on or off the ice in the **2018/2019** skating season.

The information collected here is under the authority of the Freedom of Information and Protection of Privacy Act and BC Personal Information Protection Act (PIPA). It is required to register you in the lessons and may be used to contact you. Financial information will be used to process payment. Names/Pictures may be published on boards, media or club communications (newsletters/website). Medical information will only be used in a medical emergency. If you have questions about the collection of or use of this information, contact the Kamloops Long Blades event Coordinator.

X _____ Date _____

SIGNATURE (Parent or Legal Guardian, if skater is under 19)

----- tear on dotted line and keep bottom portion -----

“ I TRIED SPEED SKATING AND I LOVE IT ! “

CONTACT US – we have Programs for all ages & abilities

Club REGISTRAR: Jodi Roberts

Email: registration@kamloopslongblades.com

Phone: 250.371.7912



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