OAKVILLE SPEED SKATING CLUB APPLICATION - 2018-2019 SEASON

Family Surname:	
Skater #1 Name:	Date of Birth (dd/mm/yy):
Male/Female (M/F):	Allergies/Medical Condition/Impairments:
Program:	Skate Rental: Both Boots and Blades:; Boots Only:; Blades Only:
Skater #2 Name:	Date of Birth (dd/mm/yy):
Male/Female (M/F):	Allergies/Medical Condition/Impairments:
Program:	Skate Rental: Both Boots and Blades:; Boots Only:; Blades Only:
Skater #3 Name:	Date of Birth (dd/mm/yy):
Male/Female (M/F):	Allergies/Medical Condition/Impairments:
Program:	Skate Rental: Both Boots and Blades:; Boots Only:; Blades Only:
Address:	City:
Postal Code:	Home Telephone No.:
Mobile No. 1:	Name of Mobile User:
Mobile No. 2:	Name of Mobile User:
Email Address:	
Physician:	Phone No
Does your Family have Pu	blic or Private Health Coverage:
In Emergency notify (if not	Parent/Guardian): Name, Relation, and Phone No:
Speed Skating Association	nsent to the Oakville Speed Skating Club ("Club") to disclose our personal information to ar with purposes of joining those Associations. We also provide express consent to the Clubons and competitive related achievements on our Club's website, or in the local Oakville
Adult Skater or Parent/G	uardian's Signature (if Skater is under 18 years of age)
Date:	Signature:
	ans/Adult Skaters are strongly encouraged and welcome to become involved and assist you ne or more of the following ways (please check off):
	out and storing mats Repairing mats Skate sharpening Filling water bucket nation Practice timing General Assistance Club Meet and/or Club Mini Meet