



2012-2013 Club Membership

Name:	Date of Birth: ie/ Jan 1, 2000
Address: Civic/street City/Town Postal Code:	Phone: (H) (613) (W) (613) (Cel) (613)
Brockville Resident: ___ yes ___ no (Township _____)	Health Card #: (optional)
Email Address:	Emergency Contact: (other than phone numbers above)
Allergies or Health Information:	SSC#:
Fundraising: ___ Buy-Out ___ Shop & Support Gift Card Program	Club Skate Rental #:
Fees:	
Trial Membership: \$75 (no other fees apply)	\$ _____
Fundraising Deposit/Buy-out: (\$100 per family)	\$ 100.00
Program Fee: Youth 1/Master \$620, Youth 2/Competitive \$790, Interclub \$225	\$ _____
Family Member Associate Fee: (recommended) \$20	\$ _____
Name & D.O.B of Associate Member _____	
Late fee: \$25 after August 23, 2012 (returning members)	\$ _____
Pre-Registration deduction (-\$95)	\$ - _____
OSSA Family Discount: (50% of club portion for 3 rd and subsequent skaters)	\$ - _____
Total Fee: \$ _____	

Membership extends from September 1, 2012 to August 31, 2013.

Cheques may be dated: Today, Oct 15, and Nov 15, 2012

No Refunds will be granted after the start of the speed skating season September 9, 2012.

Cheque(s) payable to: **“St. Lawrence Speed Skating Club” or “SLSSC”**

Waiver

I hereby authorize emergency medical or surgical treatment for myself and/or my daughter/son/ward if such treatment is required while I or my daughter/son/ward is participating in the St. Lawrence Rapids Speed Skating Club, Ontario Speed Skating Association (OSSA) or Speed Skating Canada (SSC) activities. I hereby, for myself, my heirs, executors and assign, waive and release any damages I may have against the St. Lawrence Rapids Speed Skating Club, and the City of Brockville or their agents for any damages.

SIGNATURE: _____
(if under 17 years of age or younger-parent/guardian)

DATE: _____

Membership Category	Amount Paid
For Club office use	For Club office use
	Fee Amount: cash or cheque #(s):