



2014-2015 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#:
	Club Skate Rental #:
Fees:	
Learn-To-Skate Membership (Oct 7-Dec 23 or Jan 6 -Mar 24) \$80 each session	
Trial Membership: \$80 (no other fees apply)	
Fundraising Fee: (\$100 per family)	100.00
Program Fee: Youth 1 \$685, Master/Youth 2 \$820, Competitive \$1125	
Family Member Associate Fee: (recommended) \$25	
Name & D.O.B of Associate Member:	
Late fee: \$25 after August 14, 2014 (returning members)	
Spring Pre-Registration reduction (-\$100)	
OSSA Family Discount: applies to families of 4 or more members	
Total Fee:	

Membership extends from September 1, 2014 to August 31, 2015.

3 Cheques may be dated: no later than Sept 7, Oct 15, and Nov 30, 2014

No Refunds will be granted after the start of the speed skating season September 7, 2014.

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: _____

PHOTO WAIVER:

The applicant grants the Club the right for display or promotional purposes, the use of any photographs taken of the applicant and/or family members, and waives/releases any claim related to such use.

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):