



## 2015-2016 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 #:
<b>Fees:</b>	
Learn-To-Skate Membership (Oct 20-Dec 22 or Jan 5 -Mar 8) \$100 each session	
Trial Membership: \$80 (no other fees apply)	
Fundraising Fee: (\$100 per speed skating family)	
Program Fee: Youth 1 \$705, Master \$845, Youth 2 & Competitive \$1159	
Family Member Associate Fee: (recommended) \$25	
Name & D.O.B of Associate Member:	
Late fee: \$25 after Sept 13, 2015 (returning members)	
Spring Pre-Registration reduction (-\$125)	
OSSA Family Discount: applies to families of 4 or more members	
<b>Total Fee:</b>	

Membership extends from September 1, 2015 to August 31, 2016.

2 Cheques may be dated: no later than Sept 13, 2015 and Nov 1, 2015

No Refunds will be granted after the start of the speed skating season September 13, 2015.

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:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

**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:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

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