

**LONDON SPEED SKATING CLUB
2010/2011**

TRY B4 JOINING

PERSONAL INFORMATION (provide details for each skater):

Name	Date of Birth (dd/mmm/yy)	SEX		SHOE SZ	SKATE
		M	F		
ADDRESS:					
TELEPHONE #:					
EMAIL ADDRESS:					
PARENT'S NAME (if skater under 18):					
WAIVER/AGREEMENT:					
<p>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 London Speed Skating Club, Ontario Speed Skating Association (OSSA) or Speed Skating Canada (SSC) activities. I hereby for myself, my heirs, executors and assigns, waive and release any damages I may have against the London Speed Skating Club and the City of London or their agents for any damages.</p>					
SIGNATURE:			DATE:		
PAYMENT RECEIVED:					
<p>\$ _____</p> <p>Cash <input type="checkbox"/></p> <p>Cheque <input type="checkbox"/></p>					