



2010-2011 Club Membership

Please print clearly information below

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:	SSC#:
Allergies or Health Information:	Emergency Contact: (other than phone numbers above)
Fundraising: __ Buy-Out __ Shop & Support Gift Card Program	Skate Size:
Membership Type: __ Trial __ Youth __ Competitive __ Master __ Family __ Associate __ Interclub	
Fees:	
Trial Membership: \$75 (no other fees apply) \$ _____	
Fundraising Deposit/Buy-out: (\$100 per family) \$ 100.00	
Program Fee: Youth 1/Master \$440, Youth 2/Competitive \$646, Interclub \$225 \$ _____	
Early Ice: \$75 \$ _____	
Family Member Associate Fee: (recommended) \$20 \$ _____	
Name of Associate Member _____ D.O.B. _____	
Late fee: \$25 after Sept 11, 2010 \$ _____	
OSSA Family Discount: (deducted from total family fees; -\$70, -\$140, -\$230) \$ _____	
Total Fee: \$ _____	

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 extends from September 1, 2010 to August 31, 2011.

Cheques may be dated: Today, Oct 1, and Dec 1, 2010

Return the completed membership form with cheque(s) payable to:

“St. Lawrence Speed Skating Club”

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