*****Prince Albert Speed Skating Club (PASSC)***

**2022-2023 REGISTRATION FORM**

Please PRINT information clearly

**Skater’s Name (first and last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City or Town Postal Code

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to skater: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternate Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about our club? (check all that apply)**

\_\_\_ Facebook \_\_\_ Website \_\_\_ Magnet Sign Ad \_\_\_ Word of mouth \_\_\_ Poster \_\_\_ School Newsletter \_\_\_ Other

**\*\*\*Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\* MUST be provided – for club news and schedule changes

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| ***SKATER INFORMATION***  ***First Name*** | ***Sex***  *M-F* | ***Birthdate***  *dd/mm/yy* | ***Age***  *as*  *of June*  *30th* | ***Saskatchewan***  ***Health Card #*** | | ***Speed Skating***  ***Program*** | ***2022-***  ***2023***  ***Fees*** | ***Equip.***  ***Rental***  ***Fees*** | ***Total*** | |
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| ***PASSC Annual Membership Fee***  *For liability insurance purposes, all parents and volunteers going on the ice MUST be an Associate Member* | | | | | | | | | | |
| *Name of 1st Associate Member\*\*Must complete* | | | | *Birthdate (dd/mm/yy)\*\*Must complete* | | | *-* | *-* | ***FREE*** | |
| *Name of 2nd Associate Member* | | | | *Birthdate (dd/mm/yy)* | | | *-* | *-* | *$20.00* | |
| ***Family Discount*** *($100 off for 3rd speed skater in family)* | | | | | *Does family discount apply?* | | *Y-N* | *-* | *-* | |
|  | | | | ***Speed Skaters only - Refundable Damage Deposit*** | | | | | | ***$75.00*** |
|  | | | | | | | | | | |
| ***Total Fees $*** | | | | | | | | | | |
| ***\*\*\*\**** Please etransferregistration feesto**:** [**thepasscregistrar@yahoo.com**](mailto:thepasscregistrar@yahoo.com)  ***PAYMENT SCHEDULE***  ***Learn to Skate Program*** *– fees must be paid in full at registration.*  ***Speed Skating Program –*** *fees may be paid in 2 installments*   1. *Total fee minus $200/skater at time of registration* 2. *Remaining $200/skater due November 30, 2022*     ***PAYMENT by cash, cheque (payable to PASSC) or etransfer to:*** [**thepasscregistrar@yahoo.com**](mailto:thepasscregistrar@yahoo.com) | | | | | | | | | | |
|  | | | | | | | | | | |

**MEDICAL INFORMATION FOR SKATERS (MUST be completed & signed)**

Do any of the skaters registered have any known medical conditions (asthma, allergies, etc.) that could affect their

participation in any aspect of our program? YES \_\_\_\_\_ NO \_\_\_\_\_

**If “YES”, please provide the following:**

**Skater name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of medical condition**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*Parent/Guardian Signature (if under 18 yrs of age) Date**

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**CONSENT FORM**

I consent that the ***PRINCE ALBERT SPEED SKATING CLUB*** may use photographs or videos of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taken during the speed skating season for the club’s Facebook page and/or website. I understand that these images and/or videos will not be used for any other commercial purposes.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_