

Halifax Regional Speed Skating Club

SKATER or ASSOCIATE REGISTRATION - 2021-2022	
First Name	Last Name
Street Address	Home Telephone
City	Cell Phone
Postal Code	Email (for HRSSC use)
Special Medical Information	
PARENT/GUARDIAN (if skater under 18 years) Enter Information if different	
First Name	Last Name
Street Address	Home Telephone
City	Cell Phone
Postal Code	Email (for HRSSC use)

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claim for any damages I may have against the Halifax Regional Speed Skating Club and other organizations concerned, their agents, officers or members, for any and all injuries suffered by me, or my son or daughter. In my absence, I hereby authorize the coach, manager, or speed skate official to secure medical advice and/or services, as may be deemed necessary for the health and safety of myself, or my son or daughter.

- I consent to the Halifax Regional Speed Skating Club using my son/daughter's pictures and/or videos for promotional purposes.*
- I do not consent to the Halifax Regional Speed Skating Club using my son/daughter's pictures and/or videos for promotional purposes.*

SIGNATURE OF SKATER or Parent/Guardian if skater under 18 yrs	Date
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