

OAKVILLE SPEED SKATING CLUB
2011/2012 MEMBERSHIP APPLICATION

Name: _____

Male: _____ Female: _____ Citizenship: Canadian _____ Other: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (_____) _____ Bus. Phone (_____) _____

Cell No. 1 : (_____) _____ Name of Cell User: _____

Cell No. 2 : (_____) _____ Name of Cell User: _____

E-Mail Address: _____

Birthdate: (dd/mm/yy) _____ Age: _____ Health Card No.: _____

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Doctor's Name: _____ Doctor's Phone No.: (____) _____

Allergies: _____

In emergency notify: _____ Relation: _____ Phone No.: _____

We provide our express consent to the Oakville Speed Skating Club ("Club") to disclose personal information disclosed by us to the Club, to the Canadian Speed Skating Association and/or the Ontario Speed Skating Association with purposes of our joining or becoming members of those Associations.

We also provide express consent to the Club to put photographs, general descriptions and competitive related achievements on our Club's website or in the local Oakville newspapers.

Date: _____

Skater's Signature

Parent/Guardian's Signature (if Skater is under 18 years of age)

Date: _____

Parent/Guardian's Signature

ATTENTION PARENTS/GUARDIANS/ADULT SKATERS:

PARENTS/GUARDIANS/ADULT SKATERS ARE ALSO STRONGLY ENCOURAGED AND WELCOME TO BECOME INVOLVED AND ASSIST YOUR SKATER(S) AND THE CLUB IN ONE OR MORE OF THE FOLLOWING WAYS (PLEASE CHECK OFF):

Fundraising _____ Setting out & storing mats _____ Repairing mats _____ Skate sharpening _____
Filling water buckets & ice resurfacing coordination _____ Competition entries coordination _____
Practice timing _____ General Assistance _____ Club Meet and/or Club Mini-Meet assistance _____