SKATER REGISTRATION FORM

Title of Competition: FUNdamentals Meet
Date: November 5th 2016 9am – 2pm
Hosting Club: Saint John Amateur Speed Skating Club
Location: Charles Gorman Arena
80 University Avenue
Saint John NB E2L 4L1
Contact: Cathy Dochstader cdochstader@bellaliant.net

Registration Fee: $ 15 **Family (3 or more)** $ 35
Registration Deadline: October 29th, 2016

Clubs and Saint John Skaters, Please Make One Cheque Payable to SJASSC

Check in: 08:30am **Racing Starts**: 09:00am

Name: _____Gender: ____ Medicare # _____

Address: _____

Club: _____

Telephone: _____Date of Birth(y/m/d) _____

Race Times: ***200m*** **_____** ***400m*****_____**

NOTE TO PARENTS/GUARDIANS

IT IS MANDATORY FOR THE SKATER'S COACH TO SUBMIT A TIME!

If your skater's coach does NOT submit their times or they submit the wrong times the skater could be seeded in the wrong group and we are unable to move anyone once the schedule and groups have been finalized!

Last date to withdraw: if you cancel your registration prior to **November 2nd, 2016 (8:00pm)** you will not have to pay registration fee.

Please note: If you cancel your registration after this time, your registration fee will have to be paid to the host club in full, unless you obtain a doctors' note.

This event will be filmed and photographed If for any reason, you DO NOT want your child in the resulting promotional material, please sign below.

Signature of Parent/Guardian: _____

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any rights and claims for damages I may have against SSC, SSNB, the Saint John Amateur Speed Skating Club, the Charles Gorman Arena and/or the City of Saint John, its agents, officers, or members, for all and any injuries suffered by me at said contest to be held **November 5th ,2016** at the Charles Gorman Arena.

I hereto set my hand this _____ of October, 2016.

Signature of Parent/Guardian_____