

2011 – 2012 Limited 2-Day Membership Application K – W Sertoma Speed Skating Club

Membership Type	Comment	Fee	Post-Dated Cheques * All due upon applying
Single (2 Day)	Includes \$95 OSSA fee.	\$230.00	<input type="checkbox"/> \$120.00 by Sept 30, 2011 <input type="checkbox"/> \$55.00 by Oct 30, 2011 <input type="checkbox"/> \$55.00 by Nov 30, 2011
Family (2 Day)	Includes \$225 OSSA fee. Must include a minimum of 2 Associate members and 2 skaters.	\$495.00	<input type="checkbox"/> \$225.00 by Sept 30, 2011 <input type="checkbox"/> \$135.00 by Oct 30, 2011 <input type="checkbox"/> \$135.00 by Nov 30, 2011
Skate Rental * Optional	For Bont & Pass rental boots & blades. Rental fee for season. Used for maintenance, and to purchase new boots & blades.	\$125.00	<input type="checkbox"/> \$125.00 due Sept 30, 2011

APPLICATION FORM

I, *having read all the documents stated in this application*, hereby make application for registration for membership in the K.W. Sertoma Speed Skating Club, and ***I do hereby agree*** upon the acceptance of the application by the executive of the said club ***to obey the Constitution Rules and Regulations, Code of Conduct, and the Fundraising Policy*** of the K.W Sertoma Speed Skating Club, and the Ontario Speed Skating Association of which upon acceptance of this application and the payment of fees I shall become a registered member of said club and associations.

In consideration of you accepting this application, I hereby for myself and my heirs, executors and administrators, waive and release any and all right and claims for damage I may have against the K.W. Sertoma Speed Skating Club, the Ontario Speed Skating Association, and Speed Skating Canada or on any Organisation, their respective directors, officers, agents, representatives or successors for injuries suffered by me during club organised training, practice and competition events.

I also give permission to have my name, address, e mail, and phone number to be included in the club directory.

I _____ as a member of KWSSSC, or parent of a member of KWSSSC, **am fully aware that I must do fund raising and bingos**, to help support the cost of running this organization.

I _____ as a member of KWSSSC, or parent of a member of KWSSSC, am fully aware of the following conditions of this Limited 2 Day Membership:

1. that this membership is limited to **Saturday and 1 other ice session per week only**
2. that the member must choose **EITHER Monday OR Thursday, and that this day will be the only mid-week session available for the member to skate**, (plus the Saturday skate)
3. that missed sessions may **NOT** be made up for at any other session
4. that I have seen the current Ice Schedule listing the Saturday sessions currently available
5. that there is a possibility that some currently scheduled ice sessions may be cancelled

Please sign below to certify that all of the above conditions and waivers have been read and have been understood.

Signature of Skater or Parent / Guardian: _____ Date: _____
(Parent/Guardian must sign if skater is under 18 years of age)

Registration Fee, Post-dated Cheques, and signed Code of Conduct must accompany this Application Form and be brought to the skate pick-up night (Thurs. Aug. 11th, 2011, 7-9pm) or mailed to:

Pauline Woodall, 76-49 Rhonda Rd. Guelph, ON N1A 2WA Phone: 519-824-8321

Make cheques payable to: K-W Sertoma Speed Skating Club

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IT IS VERY IMPORTANT THAT ALL THE FOLLOWING INFORMATION IS COMPLETELY FILLED OUT -- PLEASE PRINT

SURNAME:		FIRST NAME:	
ADDRESS:			
CITY:		AGE AS OF JUNE 30, 2011:	
POSTAL CODE:		BIRTHDATE:	
EMAIL:		S.S.C . NUMBER	
TELEPHONE:		CITIZENSHIP:	
Membership Type (check one):		Optional Skate Rental:	Gender:
<input type="checkbox"/> Single <input type="checkbox"/> Single 2 Day <input type="checkbox"/> Affiliate <input type="checkbox"/> Family <input type="checkbox"/> Family 2 Day <input type="checkbox"/> Associate <input type="checkbox"/> Student		Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Specify Day Skating (for 2 day memberships) Sat/Mon <input type="checkbox"/> Sat/Thurs <input type="checkbox"/>			

SURNAME:		FIRST NAME:	
ADDRESS:			
CITY:		AGE AS OF JUNE 30, 2011:	
POSTAL CODE:		BIRTHDATE:	
EMAIL:		S.S.C . NUMBER	
TELEPHONE:		CITIZENSHIP:	
Membership Type (check one):		Optional Skate Rental:	Gender:
<input type="checkbox"/> Single <input type="checkbox"/> Single 2 Day <input type="checkbox"/> Affiliate <input type="checkbox"/> Family <input type="checkbox"/> Family 2 Day <input type="checkbox"/> Associate <input type="checkbox"/> Student		Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Specify Day Skating (for 2 day memberships) Sat/Mon <input type="checkbox"/> Sat/Thurs <input type="checkbox"/>			

SURNAME:		FIRST NAME:	
BIRTHDATE:		AGE AS OF JUNE 30, 2011:	
EMAIL:		S.S.C . NUMBER	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Optional Skate Rental: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address/phone if different from parents.	

SURNAME:		FIRST NAME:	
BIRTHDATE:		AGE AS OF JUNE 30, 2011:	
EMAIL:		S.S.C . NUMBER	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Optional Skate Rental: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address/phone if different from parents.	

SURNAME:		FIRST NAME:	
BIRTHDATE:		AGE AS OF JUNE 30, 2011:	
EMAIL:		S.S.C . NUMBER	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Optional Skate Rental: Yes <input type="checkbox"/> No <input type="checkbox"/>	Address/phone if different from parents.	