



BRANT SKATING CLUB

AFFILIATE/JUDGE/ALUMNI REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Skate Canada number (if available): _____

REGISTRANT INFORMATION:

First name: _____ Last name: _____ Male / Female(circle one)

Address: _____ City: _____

Postal Code: _____ Date of Birth: _____

Telephone #: _____

Email: _____

- I am a returning Program Assistant (Your contact information will be shared with the Co-ordinator)
- I am interested in becoming a Program Assistant (Your contact information will be shared with the Co-ordinator)



Release Form: Members and parents or legal guardians of members agree to hold the Club, its executors, and its Board members and their heirs and assigns, free and blameless from any damage, accident, or injury which may occur to the member during regular or extra skating sessions, exhibitions, carnivals, competitions, and tests, or while practicing for and traveling to and from such sessions, exhibitions, carnivals, competitions, or tests.

Personal Information: I understand that personal identifying information gathered by the Brant Skating Club will be for the purposes of registering my child/myself with Skate Canada, Western Ontario Section, Brant Club and other related Skate Canada or Brant Skating Club activities. I understand that this information will not be used for any other purpose without my separate written consent.

Individual's Likeness or Performance: I understand that my child's/my image or performance may be used in the training, education and development of skaters, coaches and officials; and in the promotion of Club programs and events.

Safe Sport Quick Links: Parents/Guardians are responsible to review the quick links provided by Skate Canada at <http://skatecanada.ca/about-us/safe-sport/>.

PARENT SIGNATURE: _____ **Date:** _____

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