



Registration Form
2009 / 2010 Season

Skater Last Name: _____ First Name: _____ Birth date: MM-DD-YY

Skater Last Name: _____ First Name: _____ Birth date: MM-DD-YY

Skater Last Name: _____ First Name: _____ Birth date: MM-DD-YY

Associate Member Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (home) _____ (cell) _____ (work) _____

E-mail : _____

REGISTRATION FEES:

Single night (includes \$80 OSSA fee)	\$430.00	x _____	\$ _____
Two nights (includes \$80 OSSA fee)	\$650.00	x _____	\$ _____
Three nights (includes \$80 OSSA fee)	\$860.00	x _____	\$ _____
Less: Family Discount: \$100 less for each additional family member			
Additional skaters in family (other than 1 st)	-\$100.00	x _____	(\$ _____)
Associate Member: mandatory for 1 adult per family	\$20.00	x _____	\$ _____
Skate Rental (for the season)	\$100.00	x _____	\$ _____

Total Fees \$ _____

SECURITY DEPOSIT

Speed Skate security deposit \$200.00 x ____ \$ _____

- Please provide post dated cheque, dated March 20th, 2010
- 100% refundable at end of season with return of skates

LEARN TO SPEED SKATE

Learn to Speed Skate \$210.00 x ____ \$ _____

- 8 week program
- Skate rental and OSSA fee included

Waiver

I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Speed Skate Canada, the Ontario Speed Skating Association, the Toronto Speed Skating Club, the City of Toronto, their agents, directors, officers or members, for any and all injuries suffered by me during lessons, practices or competitions held during the speed skating season.

I hereby give TSSC permission to post pictures, videos and event results of my child / myself on the club website, to the club Arenas and in the local newspapers

Name (Parent or Guardian if under 18): _____

Authorizing Signature (Parent or Guardian if under 18): _____

FOR CLUB USE ONLY:

Skater 1: Category _____ Skates: Size _____ Serial # _____ Identifier _____

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Registration Fees Paid: \$ _____ Date: MM-DD-YY Cheque/Tracking # _____

Skate Deposit Paid: \$ _____ Date: MM-DD-YY Cheque/Tracking # _____

TSSC Official Signature: _____



Total eligible for Children's Fitness Tax Credit

\$ _____

Name of payee _____

Club Authorizing Signature _____

Date MM-DD-YY