



TORONTO SPEED SKATING CLUB
CYCLONES

Registration Form
2010 / 2011 Season

Skater

1. Last Name: _____ First Name: _____ Birth date: MM-DD-YY Shoe size ____
2. Last Name: _____ First Name: _____ Birth date: MM-DD-YY Shoe size ____
3. Last Name: _____ First Name: _____ Birth date: MM-DD-YY Shoe size ____

Associate Member

1. Last Name: _____ First Name: _____ Birth date: MM-DD-YY
2. Last Name: _____ First Name: _____ Birth date: MM-DD-YY

Address: _____

City: _____ Province: _____ Postal Code: _____

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

E-mail : _____

REGISTRATION FEES (Includes \$90 OSSA fee):

	Please identify skating night(s)			
Single night:	<input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Sun	\$475.00	x ____	\$ _____
Two nights:	<input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Sun	\$700.00	x ____	\$ _____
Three nights:		\$925.00	x ____	\$ _____
Less: Family Discount: \$50 less for each additional family member		-\$50.00	x ____	(\$ _____)
Associate Member: mandatory for at least 1 adult per family		\$25.00	x ____	\$ _____
Skate Rental (for the season)		\$100.00	x ____	\$ _____
Early Season Ice for Intermediate & Advanced Skaters		\$45.00	x ____	\$ _____

Total Fees (cheque payable to TSSC) \$ _____

SECURITY DEPOSIT

Speed Skate security deposit (separate cheque) \$200.00 x ____ \$ _____

- Please provide post dated cheque, dated March 27th, 2011
- 100% refundable at end of season with return of skates

SKATING NIGHTS & LOCATIONS:

Wednesday: MasterCard Centre (Kipling & Lakeshore)

Thursday: Scarborough Gardens (Birchmount & Kingston Rd)

Sunday: Scarborough Gardens (Birchmount & Kingston Rd)

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 _____

Skater 2: Category _____ Skates: Size _____ Serial # _____ Identifier _____

Skater 3: Category _____ Skates: Size _____ Serial # _____ Identifier _____

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

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

TSSC Official Signature: _____



Children's Fitness Tax Credit – 2010 / 2011 Season

Total eligible for Children's Fitness Tax Credit \$ _____

Name of payee _____

Club Authorizing Signature _____ Date MM-DD-YY