



OAKVILLE EDGE SYNCHRONIZED SKATING TEAMS
OPEN HOUSE/TRY OUT REGISTRATION FORM

Skater Information

NAME: _____ Age as of July 1, 2010 _____

Date of Birth: _____ Home Skating Club: _____

Highest Test Level Achieved: Dance: _____ Skills: _____ Free Skate: _____

Which teams are you interested in? Intro-to-Synchro _____ Beginner I _____ Beginner II _____
Elementary _____ Juvenile _____ Novice _____

Parent Contact Information

Mother's and/or Father's Name(s): _____

Contact #: _____ Email Address: _____

Other Information

Health card # _____ Skate Canada #: _____

Are there any medical problems/allergies/special needs of which we should be aware?

Waiver:

I, the parent of (PARTICIPANT) _____ do hereby absolve the Oakville Edge Synchronized Skating Teams, it's Coaches and managers from any and all responsibility and liability for loss or damage to property and for injury, of any kind, sustained by my child whilst participating in Synchronized Skating activities, no matter how caused.

The Oakville Skating Club shall not in any way be responsible for loss of property, damage or injuries to person, including participants, while at the rink or on the ice. Your acceptance of these terms is implied by your completion and submission of the registration form to the Oakville Skating Club.

I give permission for my child's photograph to be used in promotional material for the Oakville Edge Synchronized Skating Teams, including arena displays and posters, newspaper articles, and the Oakville Skating Club Webpage.

PARENT'S SIGNATURE: _____ **DATE:** _____