

# Danbury Speedskating Club, Inc. **Member Registration Form**

Registration for September 1, 2018 – August 31, 2019			
Danbury Skaters – Payment Schedule			
Please note: Coaching Fees are included in the	is membership, but Rink Fees are not included.		
Individual Skater	September – December: \$175		
	January – March: \$150		
	May – June: \$100		
	July – August: \$100		
2 Skaters	September – December: \$315		
	January – March: \$270		
	May – June: \$185		
	July – August: \$85		
Master Skaters (skaters 30 years of age and older)	September – March: \$175		
master endiere (endiere ee yeure er age and ender)	May – June: \$50		
	July – August: \$50		
West Hartford Skate	rs Payment Schedule		
	s are not included in this membership.		
Individual Skater	September – March: \$100		
marviada chator	May – August: \$50		
2 Skaters	September – March: \$185		
2 Gratoro	May – August: \$90		
Complete just one form for you and all your family me Please complete the <i>Contact and Medical Information</i> Code of Conduct on page 3, and read the <i>Medical Au</i> Publish sections on page 4 carefully before signing.	section on page 2 of this registration, the <i>Skater</i>		
Publish sections on page 4 carefully before signing.			
Skater 1: USS #	#: Member of MASA		
Chatan 2.	M. Marshar af MAGA		
Skater 2: USS	#: Member of MASA		
Email Address:			
This email address will be used for communication of sche	dula changes uncoming events ato		
This email address will be used for confindincation of sche	uule changes, upcoming events, etc.		
I acknowledge I have read and understand the Medical Au	thorization, Liability Waiver, and Permission to Publish		
sections of the Danbury Speedskating Club registration.			
Drint Nama			
Print Name(Self or Parent/Guardian if skater is under the age of 18)			
(Sell of Farenivoual dial il Skaler is under the age of 16)			
Signature	Date		
(Self or Parent/Guardian if skater is under the age of 18)	Butc		
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## **Contact and Medical Information**

Family Name			
Name of Skater 1		DOB	
Allergies and Additional Medical Conditional	ion(s) that DSC should know about?	I	
Name of Skater 2		DOB	
Allergies and Additional Medical Conditional	ion(s) that DSC should know about?		
Name Parent/Guardian (if skater(s) under the age of 18)			
Address 1			
Address 2			
0.4		[ <del></del> -	
City	State	Zip	
Home Phone	Mobile Number		
Emergency Contact 1	Contact Number	Contact Number	
	Alternative Contact	Number	
Emergency Contact 2	Contact Number		
	Alternative Contact	Number	

### **Danbury Speedskating Skater Code of Conduct**

I hereby pledge to be positive about my speedskating experience and I accept responsibility for my participation by following this Skaters' Code of Conduct Pledge. I will:

- Have fun!
- Be a good sport (win or lose), honest, fair and respectful to all coaches, skaters, officials, parents and fans by demonstrating good sportsmanship and by being a positive reflection of DSC at every meet and practice.
- Always show courtesy to teammates, opponents and coaches.
- Recognize that competitions, including practice sessions, are educational experiences and learning opportunities.
- Come to practice and competitions prepared, including, but not limited to, having exercise clothes/sneakers, hair/jewelry out of the way, nutrition and hydration as well as equipment in good condition (skinsuit, skates/blades, helmet, etc.).
- Come to practice and competitions with a positive attitude and be ready to skate to the best of my ability.
- Treat everyone, including coaches, parents, skaters and officials, with respect, regardless of ability, age, race, creed, color, nationality or gender.
- Not engage in unsportsmanlike conduct.
- Not engage in rude behavior.

Skater 1 Name (printed)	
Skater 1 Signature	Date
Skater 2 Name (printed)	
Skater 2 Signature	Date
Parent Signature	Date

#### **Medical Authorization**

In the event of emergency, I understand that when medically feasible an effort will be made to contact a parent / guardian or emergency contact in the **Contact and Medical Information** section of this form. In the event that those persons cannot be reached or time does not permit, I hereby authorize medical treatment of skaters named on the **Member Registration** page of this form by licensed medical practitioners and/or emergency responders in connection with any injury resulting from, or any medical condition requiring emergent care occurring during any activity of Danbury Speedskating Club, including transportation to and from such activity. I also hereby assume the responsibility for payment of such treatment.

This medical authorization is effective for the time during which I and/or my child participates in the activities of Danbury Speedskating Club.

#### **Liability Waiver**

I understand that participating in the sport of speedskating involves risks to me and/or my child, including risks of serious injury, paralysis, permanent injury/disability or death. I voluntarily and knowingly recognize, accept, and assume this risk on my behalf and, as applicable, that of my child. In consideration of my (or my child's) access to and participation in the activities of the Danbury Speedskating Club (the "Club"), I, on behalf of myself, my child (if applicable), and any or all of my or our heirs, executors, representatives or other person(s) or entity(ies) acting on my or our behalf, hereby waive, release, remise and forever discharge the Club of and from any and all claims, actions, suits, demands, damages and liabilities of whatever kind which I or my child may have against the Club, the Danbury Ice Arena, or any of their officers, directors, employees, coaches, coach's designees, volunteers or sponsors, arising as a consequence of my or our participation in the activities of the Club. I further agree to indemnify, defend and hold harmless the Club, its officers, directors, employees and agents ("Club Indemnities") from and against any and all claims, demand, suits, actions, damages, losses or costs (including attorneys' fees and costs of suit) incurred by any Club Indemnities in seeking to defend or enforce the foregoing waiver.

#### **Permission to Publish**

I grant to Danbury Speedskating Club, the right to take photographs or video of me and/or my child during speedskating practices, events, and competitions. I authorize Danbury Speedskating Club, its assigns and transferees to use and publish the same in print and/or electronically.

I agree that Danbury Speedskating Club may use such photographs and videos of me and/or my child with first names only, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I agree that Danbury Speedskating Club may post my competition times and/or my child's competition times, with first name only, from such events as U.S. Speedskating sanctioned meets, Metro Series meets, and club Mini Meets.