



**Kelowna Cup/Zone 2 BCWG Trials 2017**  
**REGISTRATION FORM**

|   |
|---|
| Skater Name:  |
| Club:   |
| MMS (SSC) Number:   |
| Birthdate:  |
| Age as of June 30, 2017:  |
| Emergency Contact Name:   |
| Relationship to Skater:   |
| Emergency Contact Number:   |
| <input type="checkbox"/> I have read and agree to the <a href="#">BCSSA Concussion Protocol</a> |

**WAIVER**

By signing this entry form, 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 the Capital News Centre, SSC and BCSSA, the Kelowna Speed Skating Club and all sponsors concerned, their agents, Officers or members, for any and all injuries suffered by me at said contest to be held December 9, 2017 at the Capital News Centre at Kelowna, British Columbia, Canada.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you in the competition. Financial information will be used to process payment. Organization of competitions/events requires that names will appear on posted race lists and result print outs. Names/images of participants may be published on boards, websites, media, newsletters and promotional material. Alternative contact and medical information will only be used in a medical emergency. If you have questions about the collection of or use of this information, contact the Competition/Event Organizer (Chris Acton) at 250.300.9908 or by email at [christina.acton@live.com](mailto:christina.acton@live.com).

In Witness whereof, I have hereunto set my hand and seal;

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2017.

Skater's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Registration Deadline: Thursday November 30, 2017 at 8:00pm**  
**(club registration only- no individual registrations accepted)**  
**For more information please email Chris- [christina.acton@live.com](mailto:christina.acton@live.com).**



***Please consider the environment and print double-sided if possible!***

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| <b>*Zone 2 BCWG Trials Competitors ONLY*</b><br>(required information to register you for BCWG)  |
| Zone 2 BCWG Qualifier category:<br><input type="checkbox"/> U14 male <input type="checkbox"/> U14 female <input type="checkbox"/> U16 male <input type="checkbox"/> U16 female |
| Name of School:  |
| Grade:   |
| Home address (include postal code):  |
| Skater cell number:  |
| Parent/legal guardian name:  |
| Parent/legal guardian address (if different from above):   |
| Day phone number:  |
| Night phone number or cell:  |
| Skater's BC Care Card number:  |
| Skater is a Canadian Citizen or Permanent Resident: <input type="checkbox"/> yes <input type="checkbox"/> no   |
| Skater clothing size:<br><input type="checkbox"/> Adult XS <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L                  |

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