



DATE: Saturday February 23, 2019 **LOCATION:** KAL TIRE PLACE – NORTH SHEET
TIME: 1pm-5pm **3445 43rd Avenue**
TRACK: 111m OVAL and 100m OVAL **MEET TYPE:** Ability, all ages
ELIGIBILITY: All BCSSA registered skaters **FIRST AID:** St. John's Ambulance

SKATER NAME _____ **CLUB** _____

SSC RACING # _____ **BIRTH DATE** _____
day month year

PREVIOUS BEST TIME **Date:** _____ **Location:** _____

100M track (AS/FUNd/Special Olympics/L2T/T2T) **100M** _____ **200M** _____ **400M** _____

111.12M track (T2T/Junior and older) **500M** _____ **1000M** _____ **1500M** _____

NEW SKATERS MAY HAVE COACH SUBMIT TIMES

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 to Kal Tire Place, SSC and BCSSA, the Vernon Vortex 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 February 23, 2019 at The Kal Tire Place Arena – North Sheet in Vernon, 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 vernonvortex@gmail.com.

US skaters must provide proof of current membership in the form of a letter from the State Association or an identity card and will need to be shown at registration. US skaters are NOT covered by BCSSA or SSC insurance and must carry their own insurance. In Witness whereof, I have hereunto set my hand and seal;

THIS _____ DAY OF _____, 2019 PARENT'S SIGNATURE: _____

(If skater is under legal age)

I have read and agree to the BCSSA Concussion Protocol: SKATER'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

(If skater is under legal age)

I understand that by typing my name in the signature fields of this fillable form, that constitutes a written signature.

ENTRY CLOSING DATE: 7:00PM, Thursday February 14th, 2019

E-mail list of registrants to: vernonvortex@gmail.com

ENTRY FEE: \$20 Active Start; \$45.00 all other age categories (Includes \$2.00 for Officials Development)

*Late entries will be subject to double charge. Fees are due prior to the skaters going on the ice.
Please bring all meet entry forms together at registration with one club cheque, Thanks!*