



GOULBOURN SKATING CLUB
2011 - Special Olympics Program
REGISTRATION FORM
 October 5th – April 25th, 2012



Welcome to the Goulbourn Skating Club's (GSC) Spring Programs. Please read the following carefully for registration information and skate times. If you have any questions that are not answered in this information package, please feel free to call the club at (613) 860-1334 or visit our website at www.goulbournskatingclub.com.

INTRODUCTION:

The Goulbourn Skating Club, is offering a Special Olympics Skating Program running from October 5 – December 21, 2011 and again from January 11 – April 25, 2012. We are a registered Skate Canada Club and as such our Head Coaches are all NCCP Certified Skate Canada Instructors. Skaters with an intellectual or developmental disability are invited to join our Special Olympic Program and learn skills through our Program. All levels of skaters are welcome, from the beginner who has never skated before, up to and including competitive levels.

You can also forward your completed registration form to the following :

P.O. Box 178, Stittsville, Ontario K2S 1A3

DROP BOX – Goulbourn Rec Complex (West End of Seating Area in Arena)

| | | | | |
|-------------------------|-------|-----|--------------|---------|
| Skater's Name | | | | Phone # |
| E-mail Address | | | | |
| Address | City: | | Postal Code: | |
| D.O.B. | Month | Day | Year | |
| Known medical problems? | | | | |
| Parents' Names | | | | |
| Last Badge Passed: | | | | |

The registrant agrees that the Goulbourn Skating Club ("GSC") and its Executive Members, Agents, Directors, Officers, Coaches and Volunteers will not be held responsible for any accidents or losses, personal injury, loss of or damage to property of any nature, wherever sustained and however caused, and releases the Club and Club, its Executive Members, Agents, Directors, Officers, Coaches and Volunteers from all claims arising by means of such accident, injury, damage or loss.

| | | | |
|-----------------------------|--|-----------------------|--------------------------|
| Special Olympics | Goulbourn Recreation Complex – Wednesdays 7:00 – 7:50pm 12 Weeks - October 5 – December 21 | \$120.00 | <input type="checkbox"/> |
| Special Olympics | Goulbourn Recreation Complex – Wednesdays 7:00 – 7:50pm 14 Weeks - January 11 - April 25 No Sessions Mar. 14, 21 and 28 th | \$140.00 | <input type="checkbox"/> |
| Special Olympics | Goulbourn Recreation Complex – Wednesdays 7:00 – 7:50pm 26 Weeks - October 5 - April 25 No Sessions Mar. 14, 21 and 28 th . | \$240.00 | <input type="checkbox"/> |
| Skate Canada Fee | If not registered with any Skate Canada Program from September 2011 to Present. \$31 Skate Canada Fee Applies. | \$31.00 | <input type="checkbox"/> |
| | Subtotal | \$ | _____ |
| Initial Payment Cheque # | dated September 13 th , 2011 | 50% of Total Fees | \$ _____ |
| Second Payment Cheque # | dated November 30 th , 2011 | 50% of Remaining Fees | \$ _____ |

Payment and Refund Policy:

Cheques must be made payable to the Goulbourn Skating Club. NSF cheques will be subject to a \$25 administration fee.

No refunds will be given after Start Date of Program Session unless accompanied by a medical certificate.

X _____
 (if under 16, Signature of Parent or Legal Guardian)

Date: _____

*Photos of the registered skater may be taken and placed in newspaper or on Club website yes no



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Special Olympics

ATHLETE REGISTRATION FORM Page 1

| | | | |
|--|--|---|---|
| Please Check One: Register New Athlete <input type="checkbox"/> | Add Athlete to Club <input type="checkbox"/> | Change Athlete Personal Info <input type="checkbox"/> | Remove Athlete from club <input type="checkbox"/> |
| (Complete Sections 1, 2, 3 and 4) | (Complete Sections 1-2) | (Complete Section 1) | (Complete Section 1-2) |

If changing Athlete info, or adding or deleting Athlete to/from a Club, PLEASE indicate athlete registration #:

1. Personal Information

| | | | |
|--------------------------|--|-------------------|---------------------------------|
| Last Name | | First Name | |
| Address | | Apt / Unit # | |
| City | Province | Postal Code | |
| () | () | () | |
| Home Phone Number | | Cell Phone Number | |
| () | | | |
| Fax Number | Spoken Languages: English <input type="checkbox"/> | | French <input type="checkbox"/> |
| / / | Gender: M <input type="checkbox"/> | | F <input type="checkbox"/> |
| Date of Birth (MM/DD/YY) | | | |

2. Activity Profile

Please indicate the sport specific and/or athletic club, the name of the club in which the athlete is involved.

| | | | |
|--------|---------|-----------|--------|
| Club # | Sport # | Club Name | Region |
| Club # | Sport # | Club Name | Region |
| Club # | Sport # | Club Name | Region |



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 Ontario

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3. Atlanto-Axial Instability Profile

Head Coach: If you are registering an individual who has Down Syndrome into your club in one of the following sports: Alpine Skiing, Floor Hockey, Soccer, Powerlifting, Track & Field or Swimming, this individual must have an Atlanto-Axial Examination. If an examination is positive, this individual will not be allowed to participate in the sports of Alpine Skiing, Floor Hockey, Soccer, or in the events of Pentathlon & High Jump, Butterfly & Diving Starts; or any exercise placing undue stress on the head and neck muscles.

Does the new participant have Down Syndrome? Yes No

_____ / _____ / _____ Result: Positive Negative

Date of last of last X-Ray (MM/DD/YY)

For more information and a copy of the Atlanto-Axial Examination form, contact your Sport Club Manager or Head Coach (Sport Club Manual). Please note: Any new individual with Down Syndrome wishing to become a member of Special Olympics to participate in Alpine Skiing, Floor Hockey, Powerlifting, Soccer, Track & Field, or Swimming must have an Atlanto-Axial form completed. This examination form must accompany the registration form to the Provincial Office.

4. Athlete, Caregiver or Guardian Release

Athletes under the age of 18 must have a caregiver/legal guardian sign this release on their behalf.

* I, the undersigned athlete (caregiver and/or legal guardian), hereby request permission to participate in the Special Olympics Canada Inc. program. I represent and warrant you that I am physically able to participate in Special Olympics Canada Inc. *I acknowledge that I will be using facilities at my own risk, and I hereby release, discharge and indemnify Special Olympics Canada Inc. from all liability for injury to person or damage to property of myself. *As a participating athlete, I am specifically granting permission to Special Olympics Canada Inc. to use my likeness, voice and words in television, radio, film, newspaper, magazines and other media, and in any form not heretofore described for the purpose of advertising or communicating the purpose and activities of Special Olympics Canada and in appealing for funds to support such activities. *I agree to abide by Special Olympics Canada Inc. rules, policies, procedure, and Code of Behavior. If I am unable to be consulted in case of necessity, Special Olympics Canada Inc. is authorized at my account to take such measures and arrange for such medical and hospital treatment as is deemed advisable for my health and well-being. *Any and all references to Special Olympics Canada Inc. include and apply equally to Special Olympics Canada Inc.

Can your child be photographed during competition? Yes No

 Relationship to Athlete Print Name

 Caregiver/Guardian Home Address

() ()

 Caregiver/Guardian Home Phone Caregiver/Guardian Work Phone

 Date Signature

| |
|--|
| <input type="checkbox"/> Delete Athlete from Database – please give reason: _____ |
|--|