



SPECIAL EVENT VOLUNTEER

The **Richmond Rockets Speed Skating Club** welcomes you and hopes you will enjoy this opportunity to experience Short Track speed skating today. Have fun!

Please print all information clearly.

Family Name _____
Parent Names _____
Address _____
City _____
Postal Code _____
Home Phone _____
Email _____

Skater Name(s)	Birth Date Month / Day / Year	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are there any medical concerns that could affect full participation or the coach should know?

Safety Equipment Required: Hard shell helmet without slits, goggles, Kevlar bib neck protector, cut /water resistant gloves, knee pads and shin guards are mandatory.

WAIVER

By signing this 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 Speed Skating Canada, the British Columbia Speed Skating Association, and its member clubs, the Richmond Rockets Speed Skating Club, the Richmond Olympic Oval and the City of Richmond, their Agents, Officers or members including medical staff, for any and all injuries suffered on or off the ice in the _____ skating season at the Richmond Olympic Oval.

X _____ Date _____
SIGNATURE (Parent or Legal Guardian, if skater is under 19)