



PREDATOR SPEED SKATE CLUB

MEMBERSHIP REGISTRATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ ZIP _____

HM PHONE _____ WORK _____

MOBILE PHONE _____

E-MAIL _____

BIRTH DATE _____ SKATE SIZE _____ SHIRT SIZE _____ SHORT SIZE _____

Parent's Name (If under 18) _____

Address (If Different) _____

Phone (If Different) _____ Work # _____

EMERGENCY CONTACT _____ PHONE _____

PHYSICIAN _____ PHONE _____

ANY KNOWN HEALTH PROBLEMS? _____

PREVIOUS SKATING EXPERIENCE _____

SPEED SKATING GOALS _____

- _____ WAIVER of LIABILITY SIGNED
- _____ AUTHORIZATION & CONSENT to TREATMENT FORM SIGNED (minors)
- MEMBER SPONSOR _____
- _____ I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THE PREDATOR SPEED SKATE CLUB CONSTITUTION & BY-LAWS

SIGNATURE OF APPLICANT _____