

## REGIONAL DEVELOPMENT TEAM

# REGISTRATION FORM 2008

GENERAL INFORMATION			
Skaters' Last Name	Skater's First Name	Birth Date d/    m/    y/    Age:	
Mailing Address	Phone #(h)	e-mail address	
City/Town	Prov	Postal Code	
Parent/Guardian's Name		Phone #(w)	

SKATING INFORMATION		
Skater's Home Club	Home Club #	Skater's SC #
Name of Primary Coach	Coach's Address	Coach's Phone #

LAST COMPLETE SKATE CANADA TEST PASSED		
FreeSkate	Competitive	Other
<b>2007/08 Competitive Category:</b>	StarSkate/InterClub	Competitive
Summer School Attending:	# of weeks:	
Indicate which Program(s) you will be attending: <input checked="" type="checkbox"/> <input type="checkbox"/> Region Field Training/Grassroots Seminar <input type="checkbox"/> Region Singles Seminar	<input type="checkbox"/> Region/Provincial High Performance Seminar <input type="checkbox"/> Provincial 2007 RDT Camp/RST Seminar in April	

LIABILITY WAIVER		
<i>It is agreed that the BC/YT Section of Skate Canada and their Officers, Coaches/Instructors and Staff, shall in no way be responsible or liable for any injury of any kind to parent(s), son or daughter or ward, arising out of or in the course of the operation of the Regional Development Team program or any other Team activities, or for any loss of property. It is the intention of parents to waive and release any and all claims of any kind whatsoever in law or in equity of his or her above mentioned son or daughter, or ward a minor on account of any injury of any kind arising out of or in the course of any operation of the said Regional Development Team Program.</i>		
Date	Signature (Parent/Guardian if under age of 18)	Witness' Signature

**PAYMENT:** (please make cheques payable to respective Region Coaches Committee or Development Team – **see page 5**)

**FEE:- \$25.00**

**RETURN REGISTRATIONS TO:** Please submit this form and fee to your Regional Development Team Coordinator or designated Registrar (**addresses on page 5**). Be sure to complete Medical form information on reverse side.

**DEADLINE:** November 30, 2007

*Late applicants may be charged an additional \$10.00 and will be considered no later than Dec 15/07.*

**NO REFUNDS** – Fees cannot be pro-rated    **NSF Charge** - \$20.00

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**MEDICAL FORM  
2008**

Skater's Name: \_\_\_\_\_

*Skaters are requested to notify the Regional Coordinator of any serious injury during the RDT year.*

MEDICAL INFORMATION	
BC Care Card #	Other Medical Insurance
Name of Medical Doctor	Telephone #
Name of Dentist	Telephone #

MEDICAL HISTORY		
Indicate any relevant conditions: Epilepsy _____ Diabetes _____ Allergies _____ Asthma _____ Last Tetanus Shot _____		
Please list any other allergies or conditions		
List any medication prescribed, along with instructions		
Other Information		
In the event of accident or illness, I/we authorize the Physicians, Dentists and hospital staff to carry out any examination and treatment deemed necessary and advisable for the diagnosis and treatment of my son or daughter.		
Date	Signature (Parent/Guardian if under age of 18)	Witness' Signature