

**CARIBOO NORTH CENTRAL REGION DEVELOPMENT TEAM
REGISTRATION FORM
2010**

GENERAL INFORMATION – PLEASE PRINT. EMAIL ADDRESS REQUIRED!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Skaters' Last Name	Skater's First Name	Birth Date d/ m/ y/ Age(as of July 1/09):
Mailing Address	City/Town	Postal Code
Email Address		Phone # (home)
Parent/Guardian's Name		Phone #(work)

SKATING INFORMATION – SKATE CANADA NUMBER REQUIRED!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Home Club	Home Club #	Skater's SC #
Name of Primary Coach	Coach's Email	Coach's Phone #

LAST COMPLETE SKATE CANADA TEST PASSED (FILL IN BELOW)

FreeSkate	Competitive	Other (Pairs)
2009/2010 Competitive Category:	StarSkate OR →	Competitive
Programs Attending {check which ones you will be attending} Field Training { } GrassRoots { } Kelowna { } High Performance { } Rising Stars { }		Competitions Attending {check which ones you will be attending} Regionals { } Sectionals { } Kla-How-Ya { } Totem { } Cariboots { }
Summer School Attending & number of weeks:		

LIABILITY WAIVER – PARENT AND COACH SIGNATURES REQUIRED!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

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.

Date	Signature (Parent/Guardian if under age of 18)	COACH Signature
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PAYMENT: \$25.00 Submit forms and payment to your Home Club RDT Rep, or Competition Chair.

Forms must be in to Nicole Collins by the deadline: **WEDNESDAY NOVEMBER 25th.**

Late registrations will be accepted until December 2nd. Late fee \$40.00

REGIONAL DEVELOPMENT TEAM

**MEDICAL FORM
2010**

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