

**Carleton Place Skating Club**

The Carleton Place Skating Club

P.O. Box 91, Carleton Place ON

K7C 3P1

www.cpskate.ca

**Back on Track Physiotherapy: Sunday November 27, 2011 from 12-1pm**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Supervision:**

Parents are to be reminded that your child (ren) must be supervised while skating at the rink or for any off ice program. Parents are to arrange a designate if they are not on sight.

**Waiver #1:**

I, the parent/guardian of the above named candidate for skating lessons, give my approval and assume all risks and hazards incidental to such participation. I do also waive, release and agree to hold harmless the organization, executive members, sponsors, supervisors, coaches and participants, for claims arising out of accidental injury. I give permission for a supervisor to take him/her to the nearest medical emergency unit for treatment if necessary.

**Waiver #2:**

I, the parent/guardian of the above named candidate for skating lessons, give my permission for the taking of the child's picture and for any pictures to be used in the local newspapers or posted on the CPSC website or posted on the Arena Bulletin Board or within the Display Case at the arena.

Signature of parent/guardian	Date:
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