

THE OHIO SPEEDSKATING ASSOCIATION

U.S. SPEEDSKATING

REGISTRATION FOR SEASON OF 200____200____

(PLEASE PRINT)

Name _____ Date of Birth _____
Last First Middle

Address _____ Phone _____
Number Street Area Code Number

City _____ State _____ Zip _____ Fax _____

Name of Club _____ Email _____

Please Print Legibly

CHECK TYPE OF MEMBERSHIP:

Age as of June 30,200____Age____

- | | | | | |
|-------------------------------------|--|---------------------------------------|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Registered | <input type="checkbox"/> Master 60-69 | <input type="checkbox"/> Senior 19+ | <input type="checkbox"/> Midget 12-11 |
| <input type="checkbox"/> Female | <input type="checkbox"/> Novice | <input type="checkbox"/> Master 50-59 | <input type="checkbox"/> Intermed. 18-17 | <input type="checkbox"/> Pony 10-9 |
| | <input type="checkbox"/> Special Needs | <input type="checkbox"/> Master 40-49 | <input type="checkbox"/> Junior 16-15 | <input type="checkbox"/> Pee Wee 8-7 |
| <input type="checkbox"/> Non-Skater | <input type="checkbox"/> Master 70+ | <input type="checkbox"/> Master 30-39 | <input type="checkbox"/> Juvenile 14-13 | <input type="checkbox"/> Tot 6 & under |

In consideration of your accepting my participating or entering in the sport of ice speed skating, I assume all HAZARDS connected therewith.

I hereby, for myself, my heirs, executors, administrators, and assignees, waive, release any and all rights and claims for damages I may have against the promoters of practice sessions, or meets, their agents, officers, or member clubs, rink owners or managers for any and all injuries suffered by me at any practice skating sessions or meets held on natural or artificial ice in the State of Ohio for the skating season of

Date _____ 200____200____

Skater's Signature _____ Parent or Guardian's Signature _____

Secretary O.S. A. _____

NOTE ALL INFORMATION MUST BE COMPLETED ON THIS FORM TO PROCESS REGISTRATION