

Please fill out and email too: parkridgespeedskating@gmail.com



U S SPEEDSKATING

## US SPEEDSKATING APPLICATION FOR One-Day One-Dollar Speedskating Membership

\* **NOT** valid for racing and competitions

Association or Direct Club: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

To be used for:

☐

One day (\$1)

☐☐☐☐

**Please note:**

In all cases, this  
form must be signed  
by the skater.

Skater's Signature: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Please send forms and payment to: US Speedskating, 5662 S. Cougar Lane, Kearns, UT 84118**



## WAVIER AND RELEASE

The skater who signs below and his or her parent or guardian (if the skater is under 18 years old) are aware of the hazards of short track (indoor) speedskating and assume all risks incident to this short track program or learn to speed skate session by using One-Day One-Dollar Speedskating.

As the undersigned, I waive and release any and all rights or claims for damage I have against the Park Ridge Speedskating Club, its officers, coaches, members, volunteers, officials, and sponsors, and the Park Ridge Park District for all injuries suffered during the season speed skating practices conducted at Oakton Ice Arena, Park Ridge, Illinois.

In case of accident or illness, we authorize the calling of a physician to attend, or the providing of other medical services including hospitalization at my expense.

The skater, parent, and/or guardian acknowledges that:

- 1) They have read this agreement and understands its legal effect.
- 2) The skater is a current member of U.S. Speedskating and will keep their membership current.
- 3) All the information provided here is true.
- 4) The skater will wear approved safety equipment consisting of long-sleeved shirt, helmet, neck guard, gloves, OPTIONAL knee pads or shin guards.

Please Print Parent or Guardian Full Name: \_\_\_\_\_

Please Print Skaters Full Name: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Skater if Over 18 Years Old \_\_\_\_\_

Date \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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