



# Syracuse Speedskating Club

P.O. Box 6814, Teall Station, Syracuse, NY 13217  
president@syracusespeedskating.com  
www.syracusespeedskating.com

## Skating Registration 2017-2018

Skater Name: \_\_\_\_\_

Parent/Guardian Name (for skaters under 18): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Skater's DOB: \_\_\_\_\_ US Speedskating Membership number: \_\_\_\_\_

### Check all that apply:

- First Session       Two Nights
- Second Session       One Night (specify Tues or Thurs) \_\_\_\_\_
- I/we will be renting club skates

Additional family members who will be skating		
Name(s)	D.O.B.	US Speedskating Membership number(s)
1 _____		
2 _____		
3 _____		

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Refund policy: Membership & Skating fees are non-refundable

#### Please send

- Your check (payable to Syracuse Speedskating Club)
- Signed Waiver
- Membership Application
- Skating Registration form
- Signed Code of Conduct form
- Copy of your US Speedskating membership card to:

**Syracuse Speedskating Club, POB 6814, Teall Station, Syracuse, NY 13217**

Amount Enclosed (USD)	
\$ _____	Membership fee
\$ _____	Skating Fee
\$ _____	Skate Rental Fee
\$ _____	Total