

# ***Southern Speed Club***

## General Information

### **LOCATION:**

Skate World 2563 Capital Circle NE 386-4807

### **PRACTICE TIMES:**

Beginners: Tuesdays / Thursdays from 4:30-6:30 pm

Advanced: Mondays / Wednesdays from 6:00-8:00 pm & Saturdays 12-2pm (outdoor)

### **MUST WEAR HELMET!!!**

### **FEES:**

\* **\$55 monthly** or \$150 quarterly

\*We do not accept partial payments. Skaters may pay the \$55/month dues or pay by the practice (\$9)

\*Please make checks payable to **Southern Speed Club**.

Cash payments should be marked with the skaters name in a sealed envelope. Sorry, no partial payments or refunds.

A \$10 late fee will be assessed if monthly dues are paid after the 10th of the month.

### **ADDITIONAL COSTS:**

**USA/RS registration (\$45 good thru 12/10), meet fees, and uniforms**

**Meet rosters will be based on ability, attendance, and attitude. We stress good grades and cooperation around the home.**

Skaters Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone #'s \_\_\_\_\_

If we are unable to reach a parent in the event of an emergency, please list a relative or neighbor. \_\_\_\_\_ Phone # \_\_\_\_\_

**I hereby give permission for emergency medical treatment in the event I cannot be reached.**

**Having full knowledge and understanding of the nature of this activity and the possible hazards involved. The parent, by signing this application, hereby releases Skate World and Southern Speed Club and it's coaches from liability for accident or injury which may occur.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sworn to or Affirmed and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Public \_\_\_\_\_ Type or print notary name \_\_\_\_\_

Commission expires \_\_\_\_\_