

THE OHIO SPEEDSKATING ASSOCIATION

U.S. SPEEDSKATING

REGISTRATION FOR SEASON OF 20____20____

(PLEASE PRINT)

Name_____ Date of Birth_____
Last First Middle

Address_____ Phone_____
Number Street Area Code Number

City_____ State_____ Zip_____ Fax_____

Name of Club_____ Email_____

CHECK BELOW TYPE OF MEMBERSHIP:

Please Print Legible
Age as of June 30, 20____ Age_____

- Male Registered Master 60-69 Senior 19+ Midget 12-11
Female Novice Master 50-59 Junior A18-17 Pony 10-9
Special Needs Master 40-49 Junior B16-15 Pee Wee 8-7
Non-Skater Master 70+ Master 30-39 Junior C 14-13 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_____ 20____20____

Skater's Signature_____ Parent or Guardian's Signature_____

Secretary O.S. A._____

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