

**Summer Program 2017**

The Dartmouth Crossing Speed Skating Club is pleased offer a summer program for competitive speed skaters as it prepared to offer competitive program this coming season.

Skaters from any speed skating club in Nova Scotia club are welcome to join one of three programs offered:

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Fee | Outline | Standards |
| Performance | $325.00 | * May 2nd to August 31st. * 2 dry-land sessions per week (34 total). * 1 strength session per week (14 total). * Additional self-directed training. | * Aged 15 and older, or post PHV. * Capable of training five or more times per week. * Significant dry-land speed skating training. * Some strength training experience. |
| Development | $225.00 | * June 6th to August 31st. * 1 dry-land session per week (12 total). * 1 strength session per week (10 total). | * Aged 11 and older. * Some dry-land speed skating training experience. * New to strength training. |
| Fundamentals | $50.00 | * July 6th to August 31st. * 1 dry-land session per week (8 total). | * Aged 9 and older. * New to dry-land speed skating training. |

All summer programs are designed and supervised by the club’s new head coach, Todd Landon. If you have questions about which program would be right for you please contact Todd at headcoach@dcspeedskate.ca.

**Please RSVP your intention to participate by Friday April 28th, 2017 to:**

|  |  |
| --- | --- |
| E-mail: [registrar@dcspeedskate.ca](mailto:registrar@dcspeedskate.ca)  Phone: | Mail: |

**SUMMER PROGRAM REGISTRATION**

**DUE FRIDAY APRIL 28TH, 2017**

|  |  |  |
| --- | --- | --- |
| **Athlete** | Name: | |
| Date of Birth: | M / F |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Bests** | 500m LT: | 1000m LT: | 1500m LT: | 3000m LT: |
| 500m ST: | 1000m ST: | 1500m ST: | 3000m ST: |

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| --- | --- | --- | --- |
| **Program**  **Fees** | * Performance | $325.00 |  |
| * Development | $225.00 |
| * Fundamentals | $50.00 |
| **Total:** | |  |
| Note: Make fee payable to “Dartmouth Crossing Speed Skating Club” or “DCSSC”. | | |

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete** | Mailing Address: House City Province Postal Code | | |
| Phone: | Cell: | Email: |

|  |  |  |
| --- | --- | --- |
| **Parent /**  **Guardian**  **Contact** | Name: | Phone: |
| Relation: | Cell: |
| E-mail: | Work: |

**MEDICAL PROFILE**

|  |  |
| --- | --- |
| **Athlete** | Pre-existing or previous Illnesses or Injuries: |
| Allergies: |
| Current Medications: |

**WAIVER**

In consideration of my registering, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against the Dartmouth Speed Skating Club its agents, officers or members or any sponsors including medical staff, for all and any injuries suffered by me for the duration of the program.

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you in the event.

Names/Pictures of participants may be published on boards, media and in newsletters. Alternative contact and medical information will only be used in a medical emergency. If you have questions about the collection of or use of this information, contact the Dartmouth Crossing Speed Skating Club at registrar@dcspeedskate.ca.

I have hereunto set my hand seal this \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

|  |  |
| --- | --- |
| Signature of Athlete | Signature of Parent/Guardian if contestant is under 18 years |