



The SportsQuest Short Track Open & The Virginia Commonwealth Games

Sanctioned by US Speedskating & Virginia Speedskating

Sunday, August 7th, 2011

ENTRY APPLICATION & WAIVER Deadline July 29th, 2011

Name: _____ Male Female

Club: _____ Association: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _(_____)_____

USS/SSC#: _____ Exp. Date: _____ Birth Date: _____ Age on 7-1-11: _____

If <18 and parent is not present, authorized adult to act on their behalf _____

Emergency Contact : _____ Phone: _(_____)_____

SEED TIMES

Juvenile & Older- 1000m: _____; Midget/Pony- 333m: _____; Pee Wee/Tiny Tot- 222m _____

FEES & REGISTRATION

ENTRY FEE: \$35 Per Skater: Please make checks payable to **VA Speedskating**

Mail fee & entry form to: Virginia Speedskating
c/o SportsQuest
2419 Colony Crossing Place
Midlothian, VA 23112

Competition is restricted to the first 100 skaters to Register and pay Entry Fee.

RELEASE FORM: In consideration of acceptance of this application in the above program, I hereby waive, release and discharge any and all claims for damages I may have against Virginia Speedskating, SportsQuest, SportsQuest Foundation, U.S.Speed Skating, their assigned personnel involved in the program, or officers and members for any and all liability arising out of or connected in any way with my participation in said program, even though liability arises out of negligence on the part of the persons or entities mentioned above, or for any claim for lost or stolen personal property of any description. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns. Further, the undersigned agrees to the Code of Conduct of U. S. Speed Skating, and will properly wear all required safety equipment.

_____/_____/_____
Applicant or Legal Guardian Name Applicant or Legal Guardian Signature Date

CONSENT FOR MEDICAL TREATMENT: I, the parent of _____, (child's name) if I cannot be contacted through reasonable efforts, hereby give permission to the officers and leadership of Virginia Speedskating to call or drive my child to the physician, dentist, or hospital if a need for emergency treatment exists. An ambulance may be called if necessary. I do hereby authorize the treatment by a licensed medical physician, of my child in the event of a medical emergency, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

_____/_____/_____
Applicant or Legal Guardian Name Applicant or Legal Guardian Signature Date

