



EASTERN REGIONAL #3  
Hosted by Quinte Blades  
Belleville, Ontario



**FAMILY ENTRY FORM**

**Name #1**

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

mm/dd/yy

Age Class:

\_\_\_\_\_

Gender:

Female

Male

400m or 500m

400m (100m track)

Seed Time:

\_\_\_\_\_

(new racers only)

500m (111m track)

Helmet #:

\_\_\_\_\_

**Name #2**

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

mm/dd/yy

Age Class:

\_\_\_\_\_

Gender:

Female

Male

400m or 500m

400m (100m track)

Seed Time:

\_\_\_\_\_

(new racers only)

500m (111m track)

Helmet #:

\_\_\_\_\_

**Name #3**

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

mm/dd/yy

Age Class:

\_\_\_\_\_

Gender:

Female

Male

400m or 500m

400m (100m track)

Seed Time:

\_\_\_\_\_

(new racers only)

500m (111m track)

Helmet #:

\_\_\_\_\_

**Name #4**

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

mm/dd/yy

Age Class:

\_\_\_\_\_

Gender:

Female

Male

400m or 500m

400m (100m track)

Seed Time:

\_\_\_\_\_

(new racers only)

500m (111m track)

Helmet #:

\_\_\_\_\_

Club:

\_\_\_\_\_

Email:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

City:

\_\_\_\_\_

Province:

\_\_\_\_\_

Postal

Code:

\_\_\_\_\_

**MANDATORY EQUIPMENT:**

In accordance with Speed Skating Canada regulation D3-100, all competitors must wear hard shell helmets, bib-style neck protectors, even if you are wearing a Kevlar suit, cut and water resistant gloves or mitts, knee pads, shin guards, ankle protection, and long sleeve clothing for this competition. The tips of skate blades must be rounded off and shatter-resistant protective sport glasses (clear or yellow) or a complete visor. Glasses must be held on by an elastic strap.

**WAIVER**

In consideration of your accepting this entry, I hereby for myself, my heirs, my executors, administrators and assigns waive and release any and all rights and claims for damages I may have against Speed Skating Canada, The Ontario Speed Skating Association, the Quinte Blades Speed Skating Club, the City of Belleville, their agents, officers, or members for any and all injuries suffered by me at the said contest to be held on November 30, 2014 at Belleville, Ontario. I understand that the activity I will be participating in has inherent risks.

In witness whereof, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (yr)

\_\_\_\_\_  
Signature of parent or guardian

**ENTRY DEADLINE:** November 19, 2014 10:00pm

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you in this competition. Financial information will be used to process payment. Organization of competitions/ events required that names will appear on posted race lists and results print outs. Names/Images of participants may be published on boards, websites, media, newsletters and promotional material. Alternative contact and medical information will only be used in a medical emergency. If you have any questions about the collection of or use of this information, contact the Competition/Event Organizer at 613-477-1960 or [caneanderson@hotmail.com](mailto:caneanderson@hotmail.com)