



## POWER SKATING REGISTRATION

**ATHLETE'S NAME:** \_\_\_\_\_

**PARENT'S NAME(S):** \_\_\_\_\_

\_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE: H** \_\_\_\_\_ **C** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**THIS YEAR'S TEAM:** \_\_\_\_\_ **TIER:** \_\_\_\_\_

**LIST ANY INJURIES OR CONDITIONS, PAST OR CURRENT, THAT MAY  
IMPACT TRAINING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WAIVER OF LIABILITY

I HEREBY RELEASE EDGE CONDITIONING AND STAFF FROM ANY LIABILITY WITH RESPECT TO DAMAGE OR INJURY THAT I MAY SUFFER DURING PARTICIPATION IN PHYSICAL ACTIVITY EXCEPT WHERE THE DAMAGE OR INJURY IS CAUSED BY THE GROSS NEGLIGENCE OR WILFUL NEGLIGENCE OF THE STAFF WITHIN THE SCOPE OF THEIR DUTIES.

**ATHLETE'S NAME (PLEASE PRINT):** \_\_\_\_\_

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_

**(IF ATHLETE IS UNDER 16 YEARS OLD)**

**DATE:** \_\_\_\_\_

Forms and payment may be mailed to  
Edge Conditioning c/o Flaman Physiotherapy  
#15 - 1945 McKercher Drive, Saskatoon, SK. S7J 4M4