



*Patinage de vitesse Nouveau-Brunswick*

# Camp D'été Benny Scholten Summer Camp 2009

**August 17 - 21, 2009**

Sponsored by  
Speed Skating New Brunswick (SSNB)  
Fredericton Amateur Speed Skating Club Inc. (FASSCI)

**Lady Beaverbrook Rink, Fredericton, New Brunswick**

**Register by April 15, 2009 and **Save!!****

MINIMUM AGE: MINIMUM AGE: While we have not set a minimum age, skaters less than 10 years of age by June 30, 2009 must be accompanied by a parent, or arrangements for a caregiver to assist in the care of your child is mandatory.

MAXIMUM AGE: None. If you are a Masters Skater and interested in attending the camp, please let us know. If sufficient interest is received, we will add this group to the schedule.

By APRIL 15, 2009	By June 1, 2009	After June 1, 2009
<u>\$ 250.00</u>	<u>\$ 275.00</u>	<u>\$ 300.00</u>

Excellent Value - Registration fee includes:

- 5 day camp taught by some of Canada's most experienced coaches
- 2 on-ice sessions per day
- off ice activities (including dry land training daily plus additional activities like archery, swimming)
- Camp picnic,
- camp photo, T-shirt

**We are offering a family discount of 10% for families with 2 skaters. If a family has three or more skaters, the third (and each subsequent) registration fee is discounted 25%. After June 1, 2009, discounts are not available.**

**Skaters will be organized into groups according to ability and maturity. You will be notified prior to the Camp into which group you will be placed. Space is limited so get your registrations in early.**

**A non-refundable deposit of \$50.00 per skater must accompany your registration form to guarantee your place.**

**Please make your cheque payable to FASSCI, (Fredericton Amateur Speed Skating Club Inc).**

### **Accommodation**

FASSCI club members will be pleased to billet skaters requiring accommodations. Please let us know by email or on your registration form if you require any assistance with your accommodations.

#### **Check In – Lady Beaverbrook Arena Lobby**

Sunday August 16, 5:00 – 7:00 PM

Monday August 17, 8:00-9:30 AM.

**NOTE: We encourage all skaters to register on Sunday.**

**NOTE:** Gym attire (t-shirts, shorts, sneakers, sun hat, sunscreen, water bottles) are required for the off ice programs. There is a local community outdoor pool that will be open for public swimming. Please bring your swimsuits and towels just in case we have the opportunity to add swimming to the activities.

We are delighted to offer this Summer Speed Skating Camp in the beautiful City of Fredericton. We hope you can come and enjoy the first class coaching (Debby Fisher will be here) and get a great head start on the 2009/2010 Speed Skating Season.

### **Contact information**

#### **Registrar**

c/o Ann Evans

108 Waterloo Row,

Fredericton, N.B.

E3B 1Z1 Email: [aevans@nbpower.com](mailto:aevans@nbpower.com)

# Benny Scholten Speed Skating Summer Camp 2009

August 17-21, 2009

## Registration Form

(Please use one form per skater)

**A non-refundable deposit of \$50.00 per skater must accompany your registration form to guarantee your place. Please make your cheque payable to the Fredericton Amateur Speed Skating Club Inc.**

Skater Name: \_\_\_\_\_ Club: \_\_\_\_\_

Age: \_\_\_\_\_ as of June 30, 2009

(Registration approval required for skaters under 10 years old as of June 30, 2009)

Times 333 \_\_\_\_\_ 500 \_\_\_\_\_ 1000 \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ (very important-updates will be E-mailed)

**For insurance purposes, all skaters not registered with SSNB must provide Speed Skate Canada registration number: \_\_\_\_\_ (complete if appropriate). If you do not have a Speed Skate Canada registration number, please advise. We will attempt to make short-term arrangements to ensure that you are covered by SSC insurance.**

Is billeting required: Yes \_\_\_\_ No \_\_\_\_ For how many people? \_\_\_\_\_

**T-shirt sizes - no charge (one per registrant):**

Youth YM, YL, YXL    Adult S, M, L, XL, XXL (circle one)

**Parents of children enrolled in the camp must be available, or be able to make equivalent arrangements, on short notice in case of emergency.** Please provide a phone number where someone can be reached in case of emergency day and night. In addition, for medical and insurance purposes, the attached SSNB Personal Health Form must be returned with this Registration Form.

Parent Name: \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Alternate Parent / Guardian Name: \_\_\_\_\_

Contact telephone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

**COULD YOU PARTICIPATE AS A VOLUNTEER DURING THIS CAMP?**

NAME \_\_\_\_\_

Which Day(s) \_\_\_\_\_

What type of work do you enjoy? See list below for ideas

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Volunteer Jobs needing to be filled:

- “Den” Parents to help look after a Group (6)
- Coaches lunch coordinator, assistants for the Summer Camp Picnic (5)
- Registration Desk workers (3 names)
- Billeting arranger (1 person), Families willing to billet skaters (Dependent on demand)
- Errand People (1 person per group)
- Registration Bag Coordinator (2 names)
- First Aid People (1-3) names)
- Communications Person (may be webmaster)
- Transportation Coordinator, vehicles with drivers (5)
- Fundraiser/Sponsor Coordinator and assistants (5)

## CAMP AGREEMENT

The skater covered under this registration and their respective parent signing this Registration Form, hereby agree that the Fredericton Amateur Speed Skating Club Inc. and all authorised personnel (coaches, supervisors, etc.) are authorised to create guidelines from time to time for the safe and responsible operation of the Camp. The undersigned skater and parent agree to abide by the guidelines and acknowledge that failure to comply with the guidelines may result in expulsion from the Camp.

In addition, the parent and skater acknowledge, by their participation in the Camp and by signing this Registration Form, that speed skating is an inherently dangerous activity and agree to take full personal responsibility for the skater's safety and not to hold Fredericton Amateur Speed Skating Club Inc. or any of its authorised personnel liable for any injuries or damages which the skater may suffer in connection with the Camp.

Skater Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Speed Skate New Brunswick

New Brunswick Amateur Speed Skating Association Inc.

## PERSONAL HEALTH FORM

The information on this form will be used at the discretion of the coaches and manager to ensure care and attention is given to the health of the participant. All information on this form is considered **Personal and Confidential**. Please return this form with your registration form.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last Name Given Name year/month/day

Address \_\_\_\_\_  
No. Street Apt. No. P.O.Box  
City Province Postal Code  
Height \_\_\_\_\_ Phone:Home(\_\_\_\_)\_\_\_\_\_  
Weight \_\_\_\_\_ Business(\_\_\_\_)\_\_\_\_\_  
E-mail \_\_\_\_\_

Parent

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Surname Given Name  
Address (if different from above)  
No. Street Apt.No. P.O.Box  
City Province Postal Code

**If the above are unavailable in an emergency, please notify**

Surname Given Name Phone: Home( )\_\_\_\_\_  
Business( )\_\_\_\_\_

No. Street Apt.No. City Province Postal Code  
Phone: Home( )\_\_\_\_\_  
Surname Given Name Business( )\_\_\_\_\_

No. Street Apt. No. City Province Postal Code  
Provincial Health Ins. No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Please provide a photo copy of Provincial Health Insurance card and any private insurance card(s).

Other Hospital Ins. No. \_\_\_\_\_ Subscriber's Name \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone( ) \_\_\_\_\_

**In order that staff may provide the best care for the applicant, the following information would be useful:**

Do you have any special instructions for staff regarding the applicant's health care and/or diet? \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Does the applicant have allergic reactions to such things as drugs, food, insect stings, etc.? If so, list, giving type of reaction, treatment given, etc. \_\_\_\_\_

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

Additional Comments \_\_\_\_\_

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

Does the applicant require an epi pen? Y / N

If yes, is the applicant prepared to carry the Epi pen at all times? Y / N\_

Is the applicant currently subject to any of the following?

Convulsions

Motion Sickness

Respiratory Ailments

Ear Trouble

Menstrual Cramps

Headaches

Other (please specify)

Please give details of usual treatment should condition occur: \_\_\_\_\_

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

Chronic conditions or recent illnesses of which staff should be aware \_\_\_\_\_

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

Please specify details of medication (over-the-counter and/or prescribed) or treatment required for the above

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

Date of last tetanus shot: \_\_\_\_\_ Are corrective lenses required? \_\_\_\_\_

Contact lenses? \_\_\_\_\_

Does the applicant have any capped teeth? \_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_  
Do you give permission for the coach or manager to give Tylenol (acetaminophen), gravol or Advil (ibuprofen) if needed? \_\_\_\_\_

**N.B. EVERY CARE AND ATTENTION WILL BE GIVEN TO THE HEALTH AND COMFORT OF THE PARTICIPANTS.**

I hereby authorize the coach or manager to secure such medical advice and services as may be deemed necessary for the health and safety of myself or my son or daughter.

Date \_\_\_\_\_

Signature of applicant (or parent/guardian if applicant is under Provincial legal age)

\_\_\_\_\_