



PURPOSE: This document is where a FYSL skater records their information prior to participating in the FYSL program and updating their information each time they participate in the program

RESPONSIBILITY FOR UPKEEP: Membership Director

*DATE: _____

*Legal Name (FYSL skater):

Urgent Medical
Information (things we
need to know in case of

*Emergency Contact Information (name and number of a person we should call in case of emergency):

*Personal Health Number (in case of emergency):

Email:

*Regular Supervising

OCRDL Member:

☐ I do not wish to be contacted after my FYSL experience

☐ *I have read, understood and signed an OCRDL Social Contract

☐ *I have signed the insurance waiver

*Expiry date of waiver: _____

☐ *I have CRDi (or other) insurance

☐ *I have shown proof of insurance to a board member

*Insurance #: _____

*Board member name: _____ *Board

Date purchased: _____

member initial: _____

* = Mandatory field