

2014-2015 NNYS A REGISTRATION

Renewal New Member

USS Registration # _____

NORTHERN NEW YORK SKATING ASSOCIATION, INC. of U.S. SPEEDSKATING

HAVING JURISDICTION OVER SKATING IN: Berkshire County in Mass., Vermont easterly to Rte. 7 to 100 to Canadian border and THE FOLLOWING COUNTIES OF NEW YORK STATE: Rensselaer, Albany, Schenectady, Saratoga, Washington, Warren, Essex, Clinton, Franklin, St. Lawrence, Hamilton, Fulton, Montgomery, Herkimer, Jefferson, Lewis, Oneida, Madison, Oswego, Onondaga, Greene, Columbia and Broome.

CHECK CLASS: (Age determined as of July 1st)

Veteran.....age .70+ Master..... Age.. 30-39 Junior C.... Age 14-13

Master.... Age... 60-69 Senior..... Age 19+ Midget..... Age 12-11

Master..... Age.....50-59 Junior A... Age 18-17 Pony..... Age 10-9

Master... Age...40-49 Junior B... Age 16-15 Peewee. .age 8 & under

NAME _____ SEX _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

OF WHAT CLUB ARE YOU A MEMBER? _____

FEES: \$5.00 (Payable to NNYS A) Skater Official

TO: NORTHERN NEW YORK SKATING ASSOCIATION, INC.

I hereby certify that I am an Amateur athlete, and have never received any money directly or indirectly as compensation for my performance or instruction. I agree to support and observe the By-Laws and rules of this Association and of US Speedskating of the United States, Inc.

In consideration of your accepting me as a member of your Association, accepting my entry and permitting me to participate in any contests, I and my parents or guardians, assume all risk of injury to person or property resulting from, caused by, or connected with, the conduct and management of said contests, or the use of the place, facilities and equipment provided therefore, or in any way resulting from my participation therein, and hereby waive and release any and all rights and claims for damages which I may have against your Association, its Agents, Officers or Members, for any and all injuries to person or property suffered by me at any of said contests.

Applicant's Signature _____

Signature of Parent or Guardian of applicants under 21 yr. _____

Please Mail To:
Linda Sausa
NNY Secretary/Treasurer
2647 Main Street
Lake Placid, NY 12946