



**MANITOBA SPEED SKATING ASSOCIATION
ICE AND DRY-LAND CAMP
AUGUST 30-September 1, 2016
SELKIRK RECREATION COMPLEX, SELKIRK MB**

Full Day Program			
	Group A	Group B	Group C
Schedule:	Tuesday, Aug 30 9am-4pm Wednesday, Aug 31 9am-4pm Thursday, Sept 1 9am-4pm	Tuesday, Aug 30 9am-4pm Wednesday, Aug 31 9am-4pm Thursday, Sept 1 9am-4pm	Tuesday, Aug 30 9am-4pm Wednesday, Aug 31 9am-4pm Thursday, Sept 1 9am-4pm
Program:	6 hours of ice and dry-land.	6 hours of ice and dry-land	6 hours of ice and dry-land
Cost:	Registration, by Friday, August 26, 2016 is \$125.00 (includes lunches) <i>Late registration, accepted until Monday, August 29th is \$175.00</i>		

Note – Groupings will be done by the Provincial Coach in consultation with Club Coaches

Camp List:

- Skating equipment and clothing
- Appropriate dryland clothing for training both indoors and outdoors
- Good runners
- Water bottle
- Additional healthy snacks
- Yoga Mats optional

Barbecue

A barbecue is planned for Wednesday, August 31st from 4-6:30pm. Everyone is welcome to attend bring your own food and drinks.

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ICE AND DRY-LAND CAMP
AUGUST 30-SEPTEMBER 1, 2016
SELKIRK RECREATION COMPLEX, SELKIRK, MB**

REGISTRATION FORM

Registration due date is Friday, August 26, 2016

Forms and payments **will not** be accepted at the camp. Please mail forms with payment to: MSSA, 145 Pacific Ave, Winnipeg MB R3B 2Z6

Name: _____ Date of birth: D ___ M ___ Y _____ M F

Address: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Number: _____ (6 digit number) _____ (9 digit number)

Medical Information: please include any medications and/or allergies including food allergies.

WAIVER

I voluntarily assume all risks and hazards incidental to participation in the Dryland and Ice Camp, August 30-September 1, 2016 and I agree to hold and save harmless the Manitoba Speed Skating Association, their officers, employees and volunteers from any claims or injuries occasioned by my participation in this camp. I further certify that I am in appropriate physical condition to participate in the activities of this camp.

Signature of Participant: _____ Date: _____

Signature of Parent (if athlete is under 18): _____ Date: _____

TOTAL FEES OWING \$ _____

Payment **Cash** **Cheque** **Credit Card**

Name on Card _____ **Number on Card** _____

Expiry Date _____ **Security Number on Back (3or 4 digits)** _____