Milton Speed Skating Club Training Group Exception Form

Skaters or parents can complete this form to request a change to their assigned training group.

Skater Name:					Birthdate:		
Assigned Training Group:							
Request Completed by (parent or skater name):					Date:		
Skater's Speed Skat	ing Exp	erience:					
First Training Season:		Years of Training: Last Pin Level completed:		completed:	Past speed skating teams:		
Personal Best Times:	es for ann	dicable distances	s hased on recent	competitions	(must have heen san	rtioned races)	
200m	best times for applicable distances based on recent 400m 500m			Other distance(s):			
Competition Experience	re:						
season	# Races attended: Race Location(s):						
season	# Races	# Races attended: Race Location(s):					
Previous seasons	# Races attended: Race Location(s):			(s):			
Reasons for request (con	tinue on r	everse if addition	nal space required	i):			
Decision of Coaches and Executive Council:							
Group change approved/ additional space required		or Alternate acco	ommodations pro	posed, includi	ng rationale for decis	ion (continue on reverse if	
Coach:		Coach:		Executive:			