ATHLETICS ONTARIO
(A BRANCH OF THLETICS CANADA)

3 Concorde Gate, Suite 211
Toronto, Ontario, M3C 3N7
Phone: (416) 426-7215
Fax: (416) 426-7358
Email: ontrack@eol.ca
www.athleticsontario.ca

Unsigned forms will be returned. It is a criminal offense to sign someone else's name

2010 ATHLETICS ONTARIO RECREATIONAL ATHLETE REGISTRATION FORM

Membership in the "Recreational" or "Non-Competitive category does not entitle a member to compete in Athletics Ontario sanctioned events.
Upgrading to Competitive Membership Category is encouraged

NON-COMPETITIVE ☐
FEE: $15.00 – full year
MUST BE MEMBER OFAN ATHLETICS ONTARIO CLUB

DEVELOPMENTAL/RECREATIONAL ☐
FEE: $35.00 – full year

PLEASE PRINT CLEARLY BELOW **Athletics Canada #**

CLUB NAME

LAST NAME **FIRST NAME**

BIRTHDATE (Y Y Y Y M M M D D) **GENDER** (M/F) **COUNTRY OF BIRTH**

COACH **CITIZENSHIP**

ADDRESS (include apartment number if applicable)

CITY **PROVINCE** **POSTAL CODE**

TELEPHONE ( ) - **E-MAIL ADDRESS**

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2010 calendar year, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my registration as a member of Athletics Ontario or my participation in any Athletics Ontario sponsored and/or sanctioned event in the 2010 calendar year, whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid**.**

IF THIS WAIVER IS ALTERED YOUR REGISTRATION WILL BE REJECTED.

PLEASE NOTE:
*This form must be signed by **both** the applicant and, if the athlete is a club member, the club registrar, and a legal guardian, if the athlete is under 18.
*Upon acceptance as a member of Athletics Canada, Ontario Branch (Athletics Ontario), the applicant agrees to abide by the rules and procedures of Athletics Canada and Athletics Ontario.
*For details of insurance coverage please consult your club.
*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club in that calendar year. Application for a transfer may be made to the Athletics Ontario Board in special cases only.

2010
Athletics Ontario Drug Use and Doping Control Policy
(Available through your club or the Athletics Ontario office)
AGREEMENT

In consideration of being a member of Athletics Ontario and my subsequent participation in all Athletics Ontario programs, I agree to adhere to and support the Athletics Ontario Drug Use and Doping Control Policy. I acknowledge that I have read and understand the Athletics Ontario Drug Use and Doping Control Policy. More specifically, I agree to support, uphold and abide by the Athletics Ontario Position Statement included in the Athletics Ontario Drug Use and Doping Control Policy.

(_____
APPLICANT'S SIGNATURE

_____
LEGAL GUARDIAN SIGNATURE (If Applicant is under 18 years of age)

DATE: _____/_____/_____ EXPIRY DATE: 12/10

WHEN COMPLETE FORWARD THIS FORM AND APPROPRIATE FEE TO YOUR CLUB REGISTRAR
UNATTACHED DEVELOPMENTAL/RECREATIONAL MEMBERS SHOULD SEND THEIR FORM AND FEE DIRECTLY TO ATHLETICS ONTARIO (address shown at top)