ATHLETICS ONTARIO
(A BRANCH OF
ATHLETICS CANADA)
3 Concorde Gate, Suite 211,
Toronto, Ontario, M3C 3C7
Phone: (416) 426-7215
Fax: (416) 426-7358
Email: ontrack@eol.ca
www.athleticsontario.ca

EACH ATHLETE MUST NAME AN ATHLETICS ONTARIO REGISTERED COACH (OR A FOREIGN COACH WHO IS A MEMBER OF HIS/HER GOVERNING BODY)

2010 ATHLETICS ONTARIO COMPETITIVE ATHLETE REGISTRATION FORM

For Fees please see 2010 Fee Schedule HST #104002357 RT

Athletics Canada # _____

SEASON:

(CHECK) FULL ☐ INDOOR ☐ OUTDOOR ☐ CROSS COUNTRY ☐

CIRCLE APPROPRIATE CATEGORY

ATHLETE: BANTAM, FIRST TIME BANTAM, MINOR BANTAM, MIDGET, MINOR MIDGET, YOUTH, JUNIOR, SENIOR, UNATTACHED, SELF-COACHED UNATTACHED

☆ NEW **An athlete moving to a new club must complete a transfer form. The former club can refuse to sign if there is money or property owed. (see our website for details & form)**

CLUB NAME _____

LAST NAME _____ **FIRST NAME** _____

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

COACH _____ **CITIZENSHIP** _____

NON-ATHLETE POSITION: (if applicable) COACH ☐ ASSOCIATE ☐ OFFICIAL ☐ (please fill out appropriate forms)

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 the age of 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
The 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)

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

WHEN COMPLETE FORWARD THIS FORM AND APPROPRIATE FEE TO YOUR CLUB REGISTRAR.

*UNATTACHED MEMBERSHIP: Includes entry into all sanctioned competitions. Send the completed form and fee directly to the Athletics Ontario office for processing. If an athlete also holds a non-athlete position please include Police Record Check or Offence Declaration as required.