

ATHLETICS ONTARIO(A BRANCH OF
ATHLETICS CANADA)3 Concorde Gate, Suite 211,
Toronto, Ontario, M3C 3C7

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Email: ontrack@eol.cawww.athleticsontario.ca**2010 ATHLETICS ONTARIO
COMPETITIVE ATHLETE REGISTRATION FORM**

For Fees please see 2010 Fee Schedule

GST #104002357 RT

SEASON:(CHECK) FULL INDOOR OUTDOOR CROSS COUNTRY CIRCLE APPROPRIATE CATEGORY

Athletics Canada #

ATHLETE: BANTAM
FIRST TIME BANTAM
MINOR BANTAM
MIDGETYOUTH
JUNIOR
SENIOR
UNATTACHEDEACH ATHLETE MUST NAME AN
ATHLETICS ONTARIO REGISTERED
COACH (OR A FOREIGN COACH
WHO IS A MEMBER OF HIS/HER
GOVERNING BODY)CLUB NAME LAST NAME FIRST NAME BIRTHDATE 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.