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 AO registered coach (or a foreign coach who is a member of his/her governing body)

2012 ATHLETICS ONTARIO COMPETITIVE ATHLETE REGISTRATION FORM

For Fees please see 2012 Fee Schedule HST #104002357 RT

Athletics Canada #

SEASON:

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

CHECK APPROPRIATE CATEGORY

ATHLETE: BANTAM ('99 or later) ☐ **YOUTH ('95'-'96)** ☐
FIRST TIME BANTAM ☐ **JUNIOR ('93-'94** ☐
MIDGET ('97-'98) ☐ **SENIOR** (92 or earlier) ☐

***Athletes wishing to move to a new club during the calendar year should read the AO Transfer Policy on our website**

(If unattached or self-coached unattached, please indicate this in CLUB NAME box)

CLUB NAME Newmarket Huskies Track Club

LAST NAME **FIRST NAME**

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

COACH **CITIZENSHIP**

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

ADDRESS (include apartment number if applicable)

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

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

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2012 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 2012 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.

*This form must be signed by both the applicant and, if the athlete is under the age of 18, a parent or legal guardian.

*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.

*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club during the calendar year but can leave the club (with the club's permission) and compete for the remainder of the calendar year as a disassociated athlete.

*For details of insurance coverage please consult your club.

2012
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 _____/_____/2012 EXPIRY DATE: 12/12

When COMPLETE forward this form and fee to your club registrar.

Club Registrar - Please note that this form is a legal document and must be kept for at least 10 years

UNATTACHED MEMBERSHIP includes entry into all sanctioned competitions. Send the completed form and fee directly to the Athletics Ontario office for processing.