

**ATHLETICS ONTARIO**  
(A BRANCH OF THLETICS CANADA)

3 Concorde Gate, Suite 211  
Toronto, ON M3C 3M7  
Phone: (416) 426-7215  
Fax: (416) 426-7358  
Email: [ontrack@eol.ca](mailto:ontrack@eol.ca)  
[www.athleticsontario.ca](http://www.athleticsontario.ca)

**2012 ATHLETICS ONTARIO  
NON-COMPETITIVE ATHLETE REGISTRATION FORM**

Membership fees include 13% HST (#104002357RT) and the Athletics Ontario Insurance Package. (For details of coverage please consult your club.)

Membership in the Non-Competitive category does not entitle a member to compete in Athletics Ontario sanctioned events. Upgrading to Competitive Membership Category is encouraged. The fee to upgrade will be the difference between the new fee and the \$15.00 already paid.

Athletics Canada #

CLUB NAME (If Applicable)	<input type="text"/>																								
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>																						
BIRTHDATE	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>M</td><td>D</td><td>D</td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Y	Y	Y	Y	M	M	M	D	D		GENDER	<input type="checkbox"/> M / <input type="checkbox"/> F	COUNTRY OF BIRTH	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Y	Y	Y	Y	M	M	M	D	D																	
COACH ( If Applicable)	<input type="text"/>		CITIZENSHIP	<input type="text"/>																					
ADDRESS (include apartment number if applicable)																									
<input type="text"/>																									
CITY	PROVINCE		POSTAL CODE																						
<input type="text"/>																									
TELEPHONE	<input type="text"/>	E-MAIL ADDRESS		<input type="text"/>																					

**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.  
PLEASE NOTE:

\*This form must be signed by **the applicant** and, if the athlete is under 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 in that calendar year.

**2012**

**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: 12/12

**WHEN COMPLETE FORWARD THIS FORM AND APPROPRIATE FEE TO YOUR CLUB REGISTRAR  
UNATTACHED NON-COMPETITIVE MEMBERS CAN SEND THEIR FORM AND FEE DIRECTLY TO ATHLETICS ONTARIO**  
(address shown at top)