

ATHLETICS ONTARIO

(A BRANCH OF
ATHLETICS CANADA)
3701 Danforth Avenue,
Scarborough, Ontario, M1N 2G2
Phone: (647) 352-7214

Email: office@athleticsontario.ca
Website: www.athleticsontario.ca

Each athlete **MUST** name an
AO registered coach (or a
foreign coach who is a member
of his/her governing body)

2019 ATHLETICS ONTARIO COMPETITIVE ATHLETE REGISTRATION FORM

For fees please see **2019 Fee Schedule** (HST #104002357 RT)

SEASON:

JAN-DEC JAN-MAR MAY-DEC SEPT-DEC

Athletics Canada #

CHECK APPROPRIATE CATEGORY

ATHLETE: BANTAM ('06 or later)

FIRST TIME BANTAM

MIDGET ('04 -'05)

YOUTH ('02-'03)

JUNIOR ('00 -'01)

SENIOR ('99 or earlier)

*Athletes wishing to move to a new club during the calendar year should read the AO

Transfer Policy on our website

For details of insurance coverage please consult your club.

Parents & coaches of young athletes are encouraged to visit:

<http://athleticsontario.ca/long-term-athlete-development/>

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

CLUB NAME

LAST NAME

FIRST NAME

BIRTHDATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

GENDER

M/F

COUNTRY OF BIRTH

COACH

CITIZENSHIP

ARE YOU A PARA-ATHLETE? (check Box)

IF SO, WHAT IS YOUR CLASSIFICATION?

IF YOU ARE ALSO A COACH, COMPLETE AND SUBMIT A COACH'S FORM AND THE APPROPRIATE SCREENING DOCUMENT

ADDRESS (include apartment number if applicable)

CITY

POSTAL CODE

PROVINCE

TELEPHONE #

() -

E-MAIL ADDRESS

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2019 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 2019 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, procedures and Code of Conduct 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.

2019

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: 12/19

When complete forward this form & 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 ONLY Send the completed form & fee to the AO office for processing.