2023 ATHI FTE REGISTRATION FORM

athletics	2023 Fee Schedule (HST #1 https://athleticsontario.ca/ath	•		Canada #		VI	
Ontario (A BRANCH OF	ATHLETE TYPE: (CHECK ONE): COMPETITIVE NON-COMPETITIVE (Recreational)						
3701 Danforth Avenue,	SEASON: (CHECK ONE):						
Scarborough, Ontario, M1N 2G2 Phone: (647) 352-7214 Email: office@athleticsontario.ca	(CHECK ONE)	8 (2016 or later) 10 (2014-15) 12 (2012-13) 	U14 (20 U16 (20 U18 (20	08-09)	Open (004-05) (2003 or earlier) rs (30+ years)	
Website: www.athleticsontario.ca	*Athletes wishing to move to a new club during the calendar year should read the AO						
Competitive Club athletes MUST name an AO registered coach (or a foreign coach who is a member of his/her governing body)	Transfer Policy on our website at https://athleticsontario.ca/about/policies-and-governance/ For details of insurance coverage please visit https://athleticsontario.ca/insurance-information/						
CLUB NAME							
If unattached or self-coached unatt	ached, please indicate this in (CLUB NAME box)					
AST NAME			COUNTRY O	F BIRTH			
FIRST NAME	ME CITIZENSHIP						
BIRTHDATE	E YYYY / MM			GENDER	М	F	
ADDRESS							
CITY.	PROV POSTAL CODE						
PHONE #	COACH						
E-MAIL 2							
EMERGENCY CONTACT PHONE							
Waiver In consideration of the acceptance of my application for registration as a member of athletics Ontario for the 2023 calendar year, I, for myself, my heirs, executors, dministrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Athletics Ontario and its respective agents, officials, employees, ontractors, representatives, successors and assigns of and from all claims, demands, lamages, costs, expenses, actions and causes of action, whether in law or equity, in espect of death, injury, loss or damage to my person or property HOWSOEVER AUSED, arising or to arise by reason of my registration as a member of Athletics Intario, or my participation in any Athletics Ontario sponsored and/or sanctioned event in the 2023 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. F 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		The ATHLETICS ONTARIO Drug Use and Doping Control Policy & Concussion Awareness 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. The athlete and their parent/guardian (if the athlete is under 18 years of age) has reviewed the Minister approved Concussion Awareness Resources available at: https://athleticsontario.ca/safe-sport/ APPLICANT'S SIGNATURE LEGAL GUARDIAN SIGNATURE (If Applicant is under 18 years of age)					
Conduct of Athletics Canada and Athletics On Once an Athlete has signed with a club for a ransfer to another club during the calendar ye lub's permission) and compete for the remain lisassociated athlete.	DATED/_ EXPIRY DATE: 12/23 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 ATHLETES ONLY: Send the completed form & fee to the AO office for processing.