

# Calgary Warriors Track Club

## Membership Application 2012

**Athlete:** \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell # athlete: \_\_\_\_\_

Email address athlete: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred Events: \_\_\_\_\_

### Parent/Guardian Information:

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Complete if different than athlete's address or phone & email:

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

#### For club use only:

Athletics Alberta #: \_\_\_\_\_

Age Group:	PeeWee 2001...	Bantam 2000/99	Midget 1998/97	Youth 1996/95	Junior 1994/93	Senior 1992 ...
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Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

# Athletics Alberta Informed Consent Agreement

**Risk:**  
I, the undersigned, understand and acknowledge that participating in Athletics Alberta's programs and activities might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in programs or activities of events which are sanctioned/approved by Athletics Alberta, its divisions, its member clubs or recognized organizing societies (hereafter referred to as "the Association"), voluntarily and at my own risk. I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by Athletics Alberta.

**Liability:**  
I, the undersigned, in consideration of acceptance of my participation in programs or activities of the event which is organized, operated or sanctioned by the Association, I agree that Athletics Alberta, its officers, directors, employees, coaches, volunteers, members, agents and representatives, shall not be liable for any personal injury, property damage or loss arising from or in any way resulting from my participation, unless such injury, loss or damage is caused by the negligence of the Association or its volunteers, sponsors, employees or agents while acting with the scope of their duties.

**Road Running:**  
In consideration of acceptance of the Registration, I for myself and my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against Athletics Alberta, and its members, for any and all injuries in any manner arising or resulting from my participating in Association programs or sanctioned races. I attest and verify that I have full knowledge of the risks involved, that I assume those risks, that I will assume and pay my own emergency expenses in the event of accident, illness, or other capacity, regardless of whether I have authorized such expense and that I am physically fit to participate in this program.

**Privacy Policy**  
I, the undersigned, understand the Athletics Alberta collects personal information about each of its registrants, including name, address, email, telephone number, sex, age and date of birth. This information is used for the purposes of communications from the association, ensuring that each participant competes in the appropriate category, that their name will be listed in that category in the results which are posted on Athletics Alberta and club members' websites and determining demographics and market trends. The information is also used by and disclosed to Sport Canada, Athletics Canada and Athletics Alberta for annual demographic reporting, registration, determining age group and to communicate with participants about track & field, Cross country and road running programs, events and activities. I understand that the Athletics Alberta and Athletics Canada has the right to take photographs, videotape, or digital recordings of me and to use these in any and all media. I am aware that by giving this consent, I am permitting my name and performance results to be posted on the Club, Athletics Canada and Athletics Alberta's website and publications, which can be viewed by anyone who access these websites or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Athletics Alberta or Athletics Canada.

**Drug Abuse and Doping Control Policy:**  
Athletics Alberta is committed to providing a safe environment in which all its participants shall be respected by all other participants, be free from abuse at the hands of any other participant and not be required to participate, and not be required to participate in unsafe or abusive conditions. Athletics

**Alberta has a "zero tolerance policy" in breaches of the law.** Zero tolerance means that no level of sexual harassment is acceptable. No application for membership in Athletics Alberta will be accepted from any person who has been convicted of any criminal offence with respect to any sexual assault under the laws of Canada.

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## THE APPROPRIATE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

Each participant (i.e. Athlete, Coach, Official, and/or Administrator) must complete the following:

I, confirm that I am:      Under the age of 18      Of the full age of 18 years, have read, understood and agree to the contents of this Informed Consent Form in its entirety.

_____	_____
Witness	Signature of Participant
_____	_____
Print Name of Witness	Print Name of Participant
Signed _____	Signed _____
	Day / Month / Year

### IF UNDER 18:

For each Participant under the Age of 18, the following must be completed by his/her Parent or Guardian:

I, as the parent/guardian of the participant named herein hereby declare that I have read, understood and agree to the contents of the Informed Consent Form in its entirety. I as the parent/guardian of the participant named herein hereby agree to assume full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules, and regulations of Athletics Alberta.

Signature of Parent/ Guardian \_\_\_\_\_ Signed \_\_\_\_\_

Day / Month / Year

Print name of Parent/ Guardian \_\_\_\_\_

## Athletics Alberta - Track & Field, Cross Country, Road Running

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