Athletics Ontario
(A BRANCH OF
ATHLETICS CANADA)

3 Concorde Gate, Suite 211
Toronto, Ontario, M3C 3N7
Phone: (416) 426-7215
Fax: (416) 426-7358
Email: ontrack@eol.ca
Website: www.athleticsontario.ca

Unsigned forms will be returned. It is a criminal offense to sign someone else's name.

Athletics Ontario Coaches/ Associates
REGISTRATION FORM – 2011

Membership Fees include 13% HST (#104002357RT)
and the Athletics Ontario Insurance Package

In order to register as a Coach /Associate the applicant must submit an ORIGINAL Police Record Check in the FIRST YEAR of registration and an Offence Declaration form in each subsequent year. If membership years are skipped, a new Police Record Check is required. A coach who also wishes to register as an athlete (categories 10 or 13) must also fill out a Competitive Athlete registration form.

Membership in Athletics Ontario may be denied If the Applicant has a past criminal record.
Specifics and details on this policy can be found at:
www.athleticsontario.ca

E-MAIL ADDRESS: (required)

E-MAIL ADDRESSES ARE REQUIRED SO WE CAN SEND INFORMATION UPDATES. WE DO NOT SHARE THIS INFORMATION WITH THIRD PARTIES

COACH ☐ **ASSOCIATE** ☐ (PLEASE CHECK ONE)

OFFICE USE

CLUB (if applicable)

BIRTHDATE **YEAR** **MONTH** **DAY**

AREA CODE & TELEPHONE NUMBER

LAST NAME **FIRST NAME** **SEX M/F**

MAILING ADDRESS (INCLUDE APT# IF APPLICABLE)

CITY **PROV** **POSTAL CODE**

COUNTRY OF BIRTH (optional) **CITIZENSHIP** (optional)

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2011 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 2011 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 THE REGISTRATION WILL BE REJECTED.**

PLEASE NOTE:

*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.

*For details of insurance coverage please consult your club.

2011

Athletics Ontario Drug Use and Doping Control Policy

(Copy of which can be obtained from the Athletics Ontario Office)

AGREEMENT

In consideration of being a member of Athletics Ontario and my subsequent participation in all Athletics Ontario Track and Field 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

DATE: _____/_____/_____ **EXPIRY DATE: 12/11**

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

THIS FORM IS FOR COACHES & ASSOCIATES ONLY. COACHES OR ASSOCIATES WHO ARE ALSO ATHLETES MUST FILL IN A COMPETITIVE ATHLETE REGISTRATION FORM AS WELL**.**
WHEN COMPLETED, SEND THIS FORM TOGETHER WITH THE APPROPRIATE SCREENING DOCUMENT AND REGISTRATION FEE DIRECTLY TO YOUR CLUB REGISTRAR.

UNATTACHED COACHES MAY SUBMIT THIS REGISTRATION FORM AND APPROPRIATE FEE TO THE ATHLETICS ONTARIO OFFICE: 3 Concorde Gate, Suite 211, Toronto, ON M3C 3N7