

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

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

**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

**Athletics Ontario Coaches/ Associates
REGISTRATION FORM – 2015**

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

In order to register as a Coach /Associate the applicant must submit an ORIGINAL Criminal Background Check available from your local Police Service in the FIRST YEAR of registration and an Offence Declaration form in each subsequent year. If membership years are skipped, a new Criminal Background Check is required.

A COACH WHO ALSO WISHES TO REGISTER, AS AN ATHLETE, MUST ALSO COMPLETE A COMPETITIVE ATHLETE REGISTRATION FORM

Athletics Canada #		COACH <input type="checkbox"/>		ASSOCIATE <input type="checkbox"/>		(Please check only one)	
<input type="text"/>		CLUB (if applicable)		<input type="text"/>		<input type="text"/>	
BIRTHDATE	YEAR	MONTH	DAY	AREA CODE & TELEPHONE NUMBER			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME			FIRST NAME			SEX M/F	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (INCLUDE APT# IF APPLICABLE)							
<input type="text"/>							
CITY			PROV		POSTAL CODE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COUNTRY OF BIRTH (optional)				CITIZENSHIP (optional)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2015 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 2015 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, procedures and Code of Conduct of Athletics Canada and Athletics Ontario.

2015

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: 12/15

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.

WHEN COMPLETED, SEND THIS FORM TOGETHER WITH THE APPROPRIATE SCREENING DOCUMENT AND REGISTRATION FEE DIRECTLY TO YOUR CLUB REGISTRAR WHO WILL FORWARD ALL POLICE RECORD CHECKS TO THE ATHLETICS ONTARIO OFFICE FOR SCREENING PURPOSES.

UNATTACHED COACHES MAY SUBMIT THIS REGISTRATION FORM, POLICE RECORD CHECK OR OFFENCE DECLARATION AND FEE DIRECTLY TO THE ATHLETICS ONTARIO OFFICE: 3 Concorde Gate, Suite 211, Toronto, ON M3C 3N7