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

ATHLETICS ONTARIO OFFICIALS REGISTRATION FORM
2019

Registration fee $20.00

Membership includes Athletics Ontario Insurance (For details of insurance coverage please consult Athletics Ontario.)

WHEN COMPLETED, THIS FORM TOGETHER WITH SIGNED OFFENCE DECLARATION FORM & PAYMENT OF THE $20.00 REGISTRATION FEE IS TO BE SENT TO THE ATHLETICS ONTARIO OFFICE

APPLICANTS ARE ADVISED THAT MEMBERSHIP IN ATHLETICS ONTARIO MAY BE DENIED IF THE APPLICANT HAS A PAST CRIMINAL RECORD.
Details of this policy can be found on the Athletics Ontario website.

☐ Check here if you **do not** wish to have your name & contact information included on a list that would be available, through Athletics Ontario to meet organizers of either Athletics Ontario or Athletics Canada sanctioned competitions.

Athletics Canada #

BIRTHDATE: YEAR **MONTH** **DAY** **AREA CODE & TELEPHONE NUMBER**

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

MAILING ADDRESS **APT NO.**

CITY **PROVINCE** **POSTAL CODE**

COUNTRY OF BIRTH (Optional) **CITIZENSHIP** (Optional)

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 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.

2019

Athletics Ontario Drug Use and Doping Control Policy
(Available through the OOC 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

_____/_____/_____
Date

EXPIRY DATE: 12/19

OFFICE USE ONLY

Date Received: _____

Offence Declaration Form Received: ☐ **Fee Received:** ☐

***THIS FORM IS FOR OFFICIALS ONLY. WHEN COMPLETED, THIS FORM TOGETHER WITH SIGNED OFFENCE DECLARATION FORM & PAYMENT OF THE $20.00 REGISTRATION FEE IS TO BE SENT TO THE ATHLETICS ONTARIO OFFICE: 3701 Danforth Avenue, Scarborough, Ontario, M1N 2G2**

AN OFFICIAL WHO IS ALSO AN ATHLETE &/ OR COACH MUST ALSO FILL IN A COMPETITIVE ATHLETE REGISTRATION FORM &/OR A COACH'S REGISTRATION FORM. THESE SHOULD BE GIVEN TO YOUR CLUB REGISTRAR FOR PROCESSING.