



(A BRANCH OF ATHLETICS CANADA)

3701 Danforth Avenue,
Scarborough, Ontario, M1N 2G2
Phone: (647) 352-7214

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

OFFICIALS REGISTRATION FORM – 2020

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

IMPORTANT: A Criminal Background check is required annually by all Officials (this must be submitted to the AO Office within 30 days of registration). Athletics Ontario is pleased to be able to offer a fast, convenient and credible online method to request and obtain your police check electronically. Please visit <https://www.trackiereg.com/ao-screening>.

Athletics Canada #

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 2020 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 2020 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.

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.

I have read, understood and agree that, I, or the parent/guardian (if the member is under 18 years of age) have reviewed the Minister approved Concussion Awareness Resources found at <https://athleticsontario.ca/safe-sport/>

APPLICANT'S SIGNATURE

DATE: ____/____/____

EXPIRY DATE: 12/20

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

This form is for Officials only. An Official who also wishes to register as a coach or athlete, must also complete the appropriate Registration form.

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.