

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

Each athlete **MUST** name an
AO registered coach (or a
foreign coach who is a member
of his/her governing body)

2019 ATHLETICS ONTARIO COMPETITIVE ATHLETE REGISTRATION FORM

For fees please see **2019 Fee Schedule** (HST #104002357 RT)

SEASON:

JAN-DEC JAN-MAR MAY-DEC SEPT-DEC

Athletics Canada #

CHECK APPROPRIATE CATEGORY

ATHLETE: BANTAM ('06 or later)

FIRST TIME U14

U16 ('04 -'05)

U18 ('02-'03)

U20 ('00 -'01)

OPEN ('99 or earlier)

*Athletes wishing to move to a new club during the calendar year should read the AO

Transfer Policy on our website

For details of insurance coverage please consult your club.

Parents & coaches of young athletes are encouraged to visit:

<http://athleticsontario.ca/long-term-athlete-development/>

(If unattached or self-coached unattached, please indicate this in CLUB NAME box)

CLUB NAME

LAST NAME FIRST NAME

BIRTHDATE GENDER COUNTRY OF BIRTH
M M D D Y Y Y Y M/F

COACH CITIZENSHIP

ARE YOU A PARA-ATHLETE? (check Box) IF SO, WHAT IS YOUR CLASSIFICATION? _____
IF YOU ARE ALSO A COACH, COMPLETE AND SUBMIT A COACH'S FORM AND THE APPROPRIATE SCREENING DOCUMENT

ADDRESS (include apartment number if applicable)

CITY POSTAL CODE PROVINCE

TELEPHONE # () - 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 YOUR REGISTRATION WILL BE REJECTED.

*This form must be signed by both the applicant and, if the athlete is under the age of 18, a parent or legal guardian.

*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.

*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club during the calendar year but can leave the club (with the club's permission) and compete for the remainder of the calendar year as a disassociated athlete.

2019

The ATHLETICS ONTARIO Drug Use and Doping Control Policy (Available through your club 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

LEGAL GUARDIAN SIGNATURE (If Applicant is under 18 years of age)

DATED ____/____/____

EXPIRY DATE: 12/19

When complete forward this form & fee to your club registrar.

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

UNATTACHED MEMBERSHIP ONLY Send the completed form & fee to the AO office for processing.

ATHLETICS ONTARIO - POWER OF ATTORNEY for use in 2019

TO BE COMPLETED ONLY IF YOU WISH TO APPOINT A POWER OF ATTORNEY

(The Power of Attorney is used to allow you, the Donor (either athlete or parent/guardian of athlete), to appoint a person or persons to be your attorney and to sign Athletics Ontario entry forms, waivers, etc. on your behalf) SUBMIT THIS FORM TO YOUR CLUB REGISTRAR

This Power of Attorney is given on the _____ (insert day) day of _____ (insert month), _____ (insert year) by _____ (Name of Donor) of the _____ (insert word Town, City, etc.) of _____ (insert Name of Town, City, etc.) in the _____ (insert word Municipality, Regional Municipality, etc.) of _____ (insert Name of Municipality, Regional Municipality, etc.).

I appoint _____ (Attorney(s)) of the _____ (insert word Town, City, etc.) of _____ (insert Name of Town, City, etc.) in the _____ (insert word Municipality, Regional Municipality, etc.) of _____ (insert Name of Municipality, Regional Municipality, etc.) (jointly, or jointly and severally,) to be my attorney(s) in accordance with the Powers of Attorney Act and to do on my behalf anything that I can lawfully do by an Attorney.

This power of attorney is subject to the following conditions and restrictions: This Power of Attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit me to participate in any event sponsored or sanctioned by Athletics Ontario during the 2019 calendar year commencing January 01 and ending on December 31 inclusive.

I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that I, my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY 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 participation in any Athletics Ontario sponsored or sanctioned event in the said 2017 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.

PARENT/GUARDIAN (FOR UNDER AGE ATHLETES - UNDER 18 YEARS OF AGE AS OF JANUARY 1, 2019):

This power of attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit _____ (insert name of athlete) Age _____ (insert age) of whom I am the _____ (insert either father, mother or legal guardian) to participate in any event sponsored or sanctioned by Athletics Ontario during the 2019 calendar year commencing January 01 and ending on December 31 (inclusive). I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that the said _____ (insert name of athlete) or his/her or my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to the said _____ (insert name of athlete), or to his/her property HOWSOEVER CAUSED arising or to arise by reason of said _____'s (insert name of athlete) participation in any Athletics Ontario sponsored or sanctioned event in the said 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.

NOTE: SIGNATURE OF ATHLETE AND/OR PARENT/GUARDIAN VERIFIES THAT YOU HAVE READ AND AGREED TO THE ABOVE.

SIGNATURE OF ATHLETE (DONOR)
(If Donor is 18 or older)

(SIGNATURE OF PARENT/GUARDIAN (DONOR)
(If Donor is under age 18)

We are the witnesses to this Power of Attorney. We have signed this Power of Attorney in the presence of the person whose signature appears above, and in the presence of each other, on the date shown above. **Neither one of us is the Attorney, a spouse or partner of the Attorney, a child of the Donor or person whom the Donor has demonstrated a settled intention to treat as a child of the Donor, or is less than eighteen (18) years old.** Neither one of us has any reason to believe that the Donor is incapable of giving a Power of Attorney or making decisions in respect of which instructions are contained in this Power of Attorney.

(1st witness's Signature)

(2nd witness's Signature)

(Name of witness – please print)

(Name of witness – please print)

(Street Address)

(Street Address)

(City, Province, Postal Code)

(City, Province, Postal Code)

(Occupation)

(Occupation)

TO BE BINDING, THIS POWER OF ATTORNEY FORM MUST BE FILLED IN CORRECTLY AND ENTIRELY