

**ATHLETICS ONTARIO**

(A BRANCH OF  
ATHLETICS CANADA)  
3 Concorde Gate, Suite 211,  
Toronto, Ontario, M3C 3C7  
Phone: (416) 426-7215  
Fax: (416) 426-7358  
Email: [ontrack@eol.ca](mailto:ontrack@eol.ca)  
[www.athleticsontario.ca](http://www.athleticsontario.ca)



# 2010 ATHLETICS ONTARIO COMPETITIVE ATHLETE REGISTRATION FORM

For Fees please see 2010 Fee Schedule GST #104002357 RT

Athletics Canada # \_\_\_\_\_

**SEASON:**

(CHECK) FULL  INDOOR  OUTDOOR  CROSS COUNTRY

CIRCLE APPROPRIATE CATEGORY



**NEW** An athlete moving to a new club must

**ATHLETE:** BANTAM  
FIRST TIME BANTAM  
MINOR BANTAM  
MIDGET  
MINOR MIDGET

YOUTH  
JUNIOR  
SENIOR  
UNATTACHED  
SELF-COACHED UNATTACHED

complete a transfer form. The former club can refuse to sign if there is money or property owed. (see our website for details & form)

EACH ATHLETE MUST NAME AN ATHLETICS ONTARIO REGISTERED COACH (OR A FOREIGN COACH WHO IS A MEMBER OF HIS/HER GOVERNING BODY)

CLUB NAME

LAST NAME  FIRST NAME

BIRTHDATE           GENDER  M  F COUNTRY OF BIRTH

COACH  CITIZENSHIP

NON-ATHLETE POSITION: (if applicable) COACH  ASSOCIATE  OFFICIAL  (please fill out appropriate forms)

ADDRESS (include apartment number if applicable)

CITY  PROVINCE  POSTAL CODE

TELEPHONE # ( ) -  E-MAIL ADDRESS

**Waiver**

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2010 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 2010 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.  
PLEASE NOTE:

- \*This form must be signed by both the applicant and, if the athlete is a club member, the club registrar; and a legal guardian, if the athlete is under the age of 18.
- \*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.
- \*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club in that calendar year. Application for a transfer may be made to the Athletics Ontario Board in special cases only.

**2010**

**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: 12/10

**WHEN COMPLETE FORWARD THIS FORM AND APPROPRIATE FEE TO YOUR CLUB REGISTRAR.**

\*UNATTACHED MEMBERSHIP: Includes entry into all sanctioned competitions. Send the completed form and fee directly to the Athletics Ontario office for processing. If an athlete also holds a non-athlete position please include Police Record Check or Offence Declaration as required.



**ATHLETICS ONTARIO - POWER OF ATTORNEY**

**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 2010 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 2010 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, 2010):**

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 2009 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 2009 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 CORRECTLY AND ENTIRELY FILLED IN**