

LIONS VALLEY ATHLETICS 2017 MEMBERSHIP APPLICATION



MEMBERSHIP CATEGORIES

Includes coaching, registration with the appropriate associations including but not limited to: Athletics Canada Athletics Ontario, Ontario Masters Athletics, Minor Track Association, Triathlon Canada, and Triathlon Ontario & other benefits. Select Event Registrations included with Minor & Junior Memberships. Uniforms are extra. Further Details of each Membership Type and Online Registrations on website http://www.lionsvalleyathletics.com/store/memberships/ *Coaching & Workouts not included.

Details of Caciff fember	cromp Type and Ormi	ic registratio	TIS OIT WEBSI	cc <u>incept// www.moriov</u>	uncyaci	ileticorcorriy otorci	HICHIDCISH	Coucining of	. Workouts not included.	
AGE CATEGORY	☐ MINOR (Ages	NIOR (Ages 13-19		(Ages 20-2	29) 🗆 MAST	TERS (Ages 30 & Up)				
ANNUAL MEMBERSHIPS (Athletes)	☐ FULL - \$450 ☐ MULTISPORT - \$700 ☐ *PARTNER — COMPETITIVE ATHLETE - \$50 + Sport					☐ FULL - \$400 ☐ MULTISPORT - \$650 ☐ *PARTNER — COMPETITIVE ATHLETE - \$50 + Sport Membership(s): ☐ AO ☐ TriOn				
SEASON MEMBERSHIPS (Athletes)	Membership(s): ☐ AO ☐ TriOn Minor & Junior Seasonal Memberships - \$175 Eac ☐ INDOOR TRACK - Starts Tues Jan 3, 2017 ☐ OUTDOOR TRACK- Starts Tues April 4, 2017 ☐ CROSS COUNTRY - Starts Tues Aug, 29, 2017					Senior & Masters Seasonal Memberships - \$150 Each INDOOR TRACK - Starts Tues Jan 3, 2017 OUTDOOR TRACK- Starts Tues April 3, 2017 CROSS COUNTRY - Starts Tues Aug 29, 2017				
OTHER MEMBERSHIPS										
				ATHLETE INFO	ORMA1	TION				
First Name:			Last Name:				Middle Initial:			
Birthdate: YYYY-MM-DD			Primary Phone:				Mobile:			
Address:										
City:			Province:				Postal Code:			
Email: Parent Email (If under 18):										
□ Male	☐ Female	☐ Other:		ı	Prefe	red Language	: E	nglish	☐ French	
Country of Birth:			Citizens			nship:				
EMERGENCY CONTACT / INFO										
Name:						Relationship:				
Phone:			Alternate Phone:			Email:				
Allergies:			Additional Medical Information:							
WAIVER										
In consideration of the acceptance of my application for registration as a member of Lions Valley Athletics, Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario for the membership period, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Lions Valley Athletics, Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon 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 Lions Valley Athletics, Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario, or my participation in any Lions Valley Athletics, Athletics, Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario sponsored and/or sanctioned event in the current 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. I release the Lions Valley Athletics administration including coaches, managers and the board of directors, to complete Athletics Ontario, Ontario Masters Athletics, Minor Track Association and Triathlon Ontario membership registrations for me or my child. Furthermore, I give the Power of Attorney to Lions Valley Athletics Coaches and Directors (jointly, or jointly and severally,) to be my or my child's 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. Conditions and Restrictions: This Power of Attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers, release forms, indemnification attestations and othe										
Athlete Signature:				Date:			Date:			
Parent/Guardian Name: (if under 18):					Parent/Guardian Signature:					



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DRUG USE & DOPING CONTROL POLICY CANADIAN ANTI-DOPING PROGRAM (CADP)

In consideration of being a member of Lions Valley Athletics, Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario and my subsequent participation in all Lions Valley Athletics, Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario programs, I agree to adhere to and support the Athletics Ontario & Ontario Masters Athletics Drug Use and Doping Control Policy. I acknowledge that I have read and understand the Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario Drug Use and Doping Control Policy. More specifically, I agree to support, uphold and abide by the Athletics Ontario & Ontario Masters Athletics Position Statement included in the Athletics Ontario, Drug Use and Doping Control Policy. And to accept and abide by the most current and up to date Drug and Doping Control Policies of Athletics Ontario, Ontario Masters Athletics, Minor Track Association & Triathlon Ontario along with their National and International Affiliations as a member of Lions Valley Athletics at all competitions. Lions Valley Athletics has more information and resources available on the website http://www.lionsvalleyathletics.com/resources/anti-doping-drug-free-sport/

Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CADP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to members of Athletics Canada and participants in Athletics Canada sanctioned activities. All members of Athletics Canada, whether in the role of athletes or athlete support personnel, are subject to the CADP. By signing below, I acknowledge that I am a member of Athletics Canada and I am aware that the CADP applies to me and I consent to its application to me. For further information, please visit the Athlete Zone on the CCES website http://cces.ca/athletezone

application to me. For further information, please visit tr	ie Atrilete Zone on the	e CCES website <u>http://cces.ca/atnietezone</u>							
Athlete Signature:									
Signature of parent/guardian: (if under 18):									
MEDIA RELEASE									
I,									
$\hfill \square$ I AGREE to the above Media Release for myself / my child.		VISH for my / my child's name, image, and e to be published by Lions Valley Athletics.							
Athlete Signature:									
Signature of parent/guardian: (if under 18):									
LIONS VALLEY ATHLETICS									
LVA Membership Director's Use Only									