

## TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

 $214-200\ \text{Main St. Winnipeg, MB R3C 4M2 Tel: } 204-925-5743\ \text{Fax: } 204-925-5792\ \text{Email: } \underline{athleticsmb@shaw.ca}\ \underline{www.athleticsmanitoba.com}$ 



## JUNIOR DEVELOPMENT REGISTRATION FORM

Name:Last Name	First Name	Gender □ M □ F
Address:		
City/Postal Code:		<del></del>
Phone: (Home)	(Cell)	<del></del>
Email:		
Parents/Guardians Names: _		
Date of Birth://_ Day Month \	School:Year	
Medical Concerns:		· · · · · · · · · · · · · · · · · · ·
The responsibility for sport safety must be shared event; or while attending or participating in the pro	ograms or activities of the events which are sanctioned/approved by Athletic	on for membership) olved in my own or my child's participation in sport, either while traveling to or from the cs Manitoba, its Divisions, its Member Clubs or recognized organizing societies. It is the shared responsibility and acknowledge the risk of injury by so participating.
formation about current and future Athletics Manitoba events urveys in an effort to continually improve our programs and e	will be used to correspond with you regarding your membership, and to send you s and information. Athletics Manitoba may also contact you to conduct research and wents. We also maintain and publish records of athletics results. Your personal roonsent. You may withdraw your consent to any further collection, use or assonable notice.	Applicant signature – ALL applicants must sign
thletics Manitoba uses photographs for a variety of projects. As such, Athletics Manitoba collects on an ongoing basis individual and group hotos in and around athletics events. These photos are used, but not limited to, the promotion of track & field, road running, cross country events not programs or the association itself.		Parent / Guardian signature – For applicants 18 and younger
We ask for permission to use your photo, or your child's photo, in material to promote the benefits of Athletics Manitoba. I, (please print name), waive ownership of any photographic records taken by the tics Manitoba and agree to permit Athletics Manitoba to use my image, or my child's image, (in photographic, digital, or electronic orm) for and in Athletics Manitoba publications, posters, website or other media, without limitation, and agree to not make any claim for nisappropriation of personality, breach of privacy, or other loss or damages against Athletics Manitoba in respect thereof. further agree to inclusion of my name(s), or my child's name(s):  yes  no		If this section is not signed, your application will be considered incomplete and you will not be considered a registered member.
	Credit Card Amount	Cheque #
Amount  Date Paid://	Membership #	