



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

214-200 MAIN ST. WINNIPEG, MB R3C 4M2 TEL: 204-925-5743 FAX: 204-925-5792 EMAIL: athleticsmb@shaw.ca www.athleticsmanitoba.com

2009 INDIVIDUAL MEMBERSHIP APPLICATION

Revised Sep 2008

Completed forms & payment should be submitted to your club registrar, who will forward to Athletics Manitoba

Name (Last, First) _____

Address _____ Phone (H) _____ (B) _____

City / Postal Code: _____ (Alt) _____ Fax: _____

Email _____ Club Membership _____

Date of Birth DD / MM / YR Gender M F Aboriginal (optional) Athlete with a disability

Place of Employment / School: _____ Degree / Position: _____

Athletics Manitoba accepts cheque, cash, Mastercard or Visa. Cheques made payable to Athletics Manitoba.

MEMBERSHIP FEES table with rows for Athlete Membership (\$50.00), Exclusive Use for Athletes (\$245.00), Coach Membership** (\$15.00), Exclusive Use for Coaches (FREE), Official (\$15.00), Jr. Official (FREE), Associate (\$15.00), and a TOTAL row.

Please pay for only primary membership category, however please check all that are applicable

** Coaches Only: Coaches must complete the 'Respect in Sport' course immediately or risk losing their membership. Respect in Sport Number _____

Athletics Manitoba Sport Safety / Acknowledgement of Risk (this statement is part of the application for membership)

The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport, either while traveling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/approved by Athletics Manitoba, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

Your name and address information, including email address, will be used to correspond with you regarding your membership, and to send you information about current and future Athletics Manitoba events and information. Athletics Manitoba may also contact you to conduct research and surveys in an effort to continually improve our programs and events. We also maintain and publish records of athletics results. Your personal information will not be used for any other purpose without your consent. You may withdraw your consent to any further collection, use or disclosure of information about you at any time by giving us reasonable notice. Athletics Manitoba uses photographs for a variety of projects. As such, Athletics Manitoba collects on an ongoing basis individual and group photos in and around athletics events. These photos are used, but not limited to, the promotion of track & field, road running, cross country events and programs or the association itself. 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 Athletics Manitoba and agree to permit Athletics Manitoba to use my image, or my child's image, (in photographic, digital, or electronic form) for and in Athletics Manitoba publications, posters, website or other media, without limitation, and agree to not make any claim for misappropriation of personality, breach of privacy, or other loss or damages against Athletics Manitoba in respect thereof. I further agree to inclusion of my name(s), or my child's name(s): yes no

Applicant signature - ALL applicants must sign

Parent / Guardian signature - For applicants 18 and younger

If this section is not signed, your application will be considered incomplete and you will not be considered a registered member.

Club Registrar Verification:

FOR OFFICE USE ONLY: Payment: Cash Amount _____ Credit Amount _____ Cheque # _____ Amount _____ Date Paid: ___/___/___ X-USE # _____ Membership # _____