Paid: Cash Amount:	_ Cheque
Date:	
AthMB #	

WOA MEMBERSHIP APPLICATION 2007/08

Attach cheque and forward to: Shelley Masson Brown 644 Ash Street Winnipeg MB R3N 0R4 488-7971 or smasson1@hotmail.com

Athlete Name:	First:		Last:
Mother's Name:	First		Last (if different):
Father's Name:	First:		Last (if different):
Address:			
Postal Code:			
Telephone:	Home:		
	Business:		
	Cell/Other:		
Email: Note:	Athlete:		
Most WOA and AthMB communication is via email	Parent(s):		
Birthdate			
	Month	Day	Year
Coach			
undersigned	of	, (insert name,), (ins	_
Date			_
future Winnipeg Optimist	Athletics activities. We r consent. You may wit	e also maintain and publish re thdraw your consent to any fu	orrespond with you regarding your membership and current and coords of athlete results. Your personal info will not be used for any or unther collection, use or disclosure of information about you at any
	it an event or service tha		fully screened organizations (primarily sport organizations) that If you do not want your contact info to be made available to third

WINNIPEG OPTIMIST ATHLETICS (WOA) VOLUNTEER COMMITMENT FORM 2007/08

An athlete's membership in Winnipeg Optimist Athletics must be supported by his/her family. WOA and Athletics Manitoba (the sport governing body for track and field) need your contribution of time. If there are insufficient volunteers and officials available, there would be no competition for athletes. The time and value of a parent's involvement in their child's activities are priceless.

1. WOA-hosted event:

All families are asked to assist at Boeing Indoor Classic Track Meet (February 28, 29, March 1, 2008) at U of M, Max Bell

2. Athletics Manitoba events:

During the 2007/08 indoor and outdoor seasons, WOA families (athlete/parents) are also required to commit to three – four additional events (totalling 12-15 hours) for volunteer service at Athletics Manitoba events. Dates and times will be confirmed through the Volunteer Coordinator and Phoning Committee.

I agree to fulfill my volunteer commitments to WOA and Athletics Manitoba and understand that failure to assist at required meets may jeopardize the membership of my athlete if I do not fulfill these commitments.

DDINT Athlete Name	
PRINT Athlete Name	
Signature of Parent/Guardian/Athlete (if over 18)	Date