

# OWSA 2018-19 Membership Form

Membership valid from October 1, 2018 – September 30, 2019



Membership Type:       Renewal                       New Member

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I am a(n):

- Athlete
- Coach
- Official
- Classifier
- Parent
- Volunteer
- OWSA Board of Directors member

I participate in (check all that apply):

- Wheelchair Athletics
- Wheelchair Basketball
- Wheelchair Rugby
- Wheelchair Tennis
- Other (please specify): \_\_\_\_\_

**Athletes** – Indicate classification level for each sport (if known)

**Coaches** – Indicate coaching level and provide Coaching Number (if applicable)

**Officials and Classifiers** – Specify sport(s) in which you are involved and indicate level of training/certification

	Classification	Coaching Level	Officials/Classifiers
Track	_____	_____	_____
Field	_____	_____	_____
Basketball	_____	_____	_____
Rugby	_____	_____	_____
Tennis	_____	_____	_____

Club: \_\_\_\_\_ Coach: \_\_\_\_\_

Will your club be submitting your annual membership fee for you?  Yes  No

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## **MEMBERSHIP AGREEMENT**

**Upon acceptance as a member of the Ontario Wheelchair Sports Association, the applicant agrees to the rules and procedures of the Association as approved through rules, by-laws, policies and regulations. By-laws and policies are available for review on OWSA's website [www.owsa.ca](http://www.owsa.ca). It is understood and agreed that the Association and/or any of its officials, affiliates or sponsors do not assume responsibility for any injury, damage, or loss resulting from any accident from known or unknown conditions howsoever caused.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if under 18 years of age)

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## **CONSENT TO USE IMAGE**

**Occasionally, the OWSA, the press, and other organizations request permission to take photographs and/or video for OWSA publicity, fundraising and/or website purposes.**

**I agree to photographs and/or video being used for the above purposes on an ongoing basis. Should I no longer wish to have the photographs and/or videotapes used for publicity, fundraising and/or the OWSA website, I will contact OWSA in writing stating my wish to void this consent.**

IN RESPECT OF: \_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Signature of Member or Guardian\*

\_\_\_\_\_  
Date

\*Authorization must be signed by the member or in the case of a minor (under 18 years of age), by the parent or legal guardian, whichever is the appropriate legal authority.

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## **Membership Fee: \$25.00**

Please make cheques payable to **Ontario Wheelchair Sports Association**  
**Mailing Address: 100 Sunrise Avenue, Suite 101, Toronto ON, M4A 1B3**