

ONPARA 2018-19 Membership Form

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



ONTARIO
PARA
NETWORK

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
- ONPARA Board of Directors

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 Para Network, the applicant agrees to the rules and procedures of the Organization as approved through rules, by-laws, policies and regulations. By-laws and policies are available for review on ONPARA's website www.owsa.ca. It is understood and agreed that the Organization 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)

CONSENT TO USE IMAGE

Occasionally, ONPARA the press, and other organizations request permission to take photographs and/or video for ONPARA 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 ONPARA website, I will contact ONPARA 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.

Membership Fee: \$25.00

Please make cheques payable to **Ontario Para Network**

Mailing Address: 100 Sunrise Avenue, Suite 101, Toronto ON, M4A 1B3