

## **APPLICATION FOR MEMBERSHIP**

PERSONAL INFORMATION			
Registrant's Full Name (print):			
Registrant's Birthdate:	Registrant's Gender:		
Registrant's Address:			
Registrant's Contact: Primary Phone	Email Address		
Registrant's Medical Information (OPTIONAL): _			
Allergies / Medical Conditions / Treatment / Medication			
If the Registrant is 17 years old or younger:			
Name(s) of Registrant's Parent(s)/Guardian(s) (print):			
Parent/Guardian's Contact: Cell Phone	Home Phone Business Phone		
Parent/Guardian's Email Address(es):			
CODE OF CONDUCT AND ETHICS  Manitoba Wheelchair Sport Association requires all the Ethics. By registering as a member of the Association	•		

at all times. A copy of this policy can be found at www.mwsa.ca under "About – Governance".

By initialing below, you have affirmed that you have read (or if a guardian, have read on behalf of your child(ren)) the policy and agree to the requirements set therein.

**Initials** 

CONSENT FOR USE OF PERSONAL INFOR	MATION AND	ACCEPTANCE OF TERMS AND	
CONDITIONS In consideration of the acceptance of the Registrant's membership in the Organization, I agree that the Registrant will:			
<ol> <li>In consideration of my acceptance as a member of Manitoba Wheelchair Sport Association, I hereby agree to abide by the policies, procedures, rules and regulations of the Organization.</li> <li>Accept sole responsibility for the Registrant's personal possessions and athletic equipment.</li> <li>Understand that the Registrant may be subject to unannounced drug testing as provided for by Wheelchair Basketball Canada's and Wheelchair Rugby Canada's agreement with the Canadian Centre for Ethics in Sport</li> <li>I understand and authorize Manitoba Wheelchair Sport Association to collect and use personal information about the Registrant for the purpose of receiving communications and the purposes described in the Organization's <i>Privacy Policy</i>.</li> </ol>			
I acknowledge that I have read this membership agreement in its entirety and that I have executed this registration agreement voluntarily.			
By typing/printing my name below and click bound by all that is contained in this Memb			
Name of Participant	Date	I AGREE	
Name of Participant's Parent/Guardian (if the Participant is 17 years old or younge	Date er)	I AGREE	
FOR OFFICE USE ONLY:			
PAYMENT INFORMATION: CHEQUE CASH PAYPAL OR E-TRANSFER			
REQUIRED FORMS:			

WAIVER OR ASSUMPTION OF RISK DECLARATION OF COMPLIANCE

**IMAGE RELEASE FORM**