



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 members abide by its Code of Conduct and Ethics. By registering as a member of the Association, you agree to act in accordance with this policy 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

In consideration of the acceptance of the Registrant's membership in the Organization, I agree that the Registrant will:

- I acknowledge that I have read this membership agreement in its entirety and that I have executed this registration agreement voluntarily.

_____ ☐ I AGREE

Name of Participant **Date**

FOR OFFICE USE ONLY:

REQUIRED FORMS:

IMAGE RELEASE FORM