



AJAX PICKERING TRIATHLON CLUB

APTC Kids Membership Application Form

(Valid through December 31, 2015)

Surname: _____ First Name: _____ Middle Initial(s): _____

Street Address: _____

Town: _____ Province: _____ Postal Code: _____

Gender: Male Female Date of Birth: _____, _____, _____
Month Day Year

Email Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

OAT Membership Application Form (additional information)

Category: Age Group Coach NCCP # _____ Athlete with Disability

If you are already an OAT member, please complete the next line:
OAT membership number _____ Member since: _____, _____

By checking the following box, I consent to OAT disclosing my mailing address for a third party mailing list (Triathlon Canada Magazine). OAT does not release e-mail addresses or phone numbers. OAT does release member names, but with NO personal information attached other than, they are a member of OAT.

I agree. I do not agree.

Athlete Profile (additional information)

OHIP # (optional): _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Alternate Contact: _____ Phone: (_____) _____ - _____

Doctor's Name: _____ Phone: (_____) _____ - _____

Allergies: _____ Medication: _____

Past injuries/conditions that may affect your ability to train: _____

I permit all coaches or designates to call for medical assistance if a situation arises where I am unable to communicate personal needs.



AJAX PICKERING TRIATHLON CLUB

Ajax Pickering Triathlon Club (APTC) and Ontario Association of Triathletes (OAT) Release of Liability, Waiver of Claims and Indemnity Agreement:

By signing this document you will waive certain legal rights, including the right to sue. Please read carefully. This is a binding legal agreement. In CONSIDERATION of the acceptance of my application for registration as a member of the Ajax Pickering Triathlon Club (APTC) and Ontario Association of Triathletes (OAT) and as a Participant in the APTC training, social, fund raising events, triathlons, duathlons, multisport and OAT sponsored/sanctioned events, the undersigned acknowledges and agrees to the following terms:

Description of Risks

1. In consideration of my membership and participation in the APTC training, social, fund raising events, triathlons, duathlons, multisport and OAT sponsored/sanctioned events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such APTC training, social, fund raising events, triathlons, duathlons, and multisport events. The risks and hazards include, but are not limited to, injuries from:

- a) Swimming, biking and running;
- b) Executing strenuous and demanding physical techniques;
- c) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements, quick turns and stops;
- d) Exerting and stretching various muscle groups;
- e) Entering the water by either diving or jumping;
- f) Extended time in water and underwater;
- g) Extreme weather and temperature conditions which may result in dehydration, heatstroke, sunstroke or hypothermia;
- h) Mounting, dismounting or falling off a bicycle;
- i) Falling or colliding with the ground, walls, stands, equipment or with other participants;
- j) Falling due to uneven or irregular terrain or surfaces;
- k) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- l) Contact or being struck by other participants, spectators, equipment or vehicles;
- m) Spinal cord injuries which may render me permanently paralyzed;
- n) Travel to and from competitive events and associated non-competitive events which are an integral part of OAT's and the [Insert Name of Race]'s races, activities and events.

2. Furthermore, I am aware:

- a) That injuries sustained can be severe;
- b) That I may experience anxiety while challenging myself during the triathlons, duathlons and multisport events;
- c) That I may come into close contact with other participants;
- d) That my risk of injury is reduced if I follow all rules established for participation and competition; and
- e) That my risk of injury increases as I become fatigued.

Release of Liability and Disclaimer

3. In consideration of OAT allowing me to participate, I agree:

- a) That my physical condition has been verified by a medical doctor within the past twelve months and I am medically cleared to participate;
- b) To assume all risks arising out of, associated with or related to my participation and am fully aware of the nature of these risks including personal injury, death, property damage expense and related loss, including loss of income;
- c) To be solely responsible for any injury, death, loss, including loss of income or damage that I might sustain while participating;
- d) To RELEASE, DISCHARGE, SAVE HARMLESS AND INDEMNIFY OAT, and their respective directors, officers, committee members, members, employees, volunteers, officials, judges, participants, sponsors, facilities where the activity occurs, agents and representatives from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participating, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by any manner whatsoever, including but not limited to, the negligence, breach of contract or breach of any statutory duty of care of OAT.

I accept the above waiver.

Parent Signature: _____ Date: _____

APTC

AJAX PICKERING TRIATHLON CLUB

APTC annual membership fees (includes OAT fee) and clinic fees

Ajax Pickering Triathlon Club annual membership	\$600.00 including HST
Winter only membership (Dec. 1, 2012 – Mar. 30, 2013)	\$280.00 including HST
Spring only membership (Apr. 1, 2013 – Jun 30, 2013)	\$280.00 including HST
Summer only membership (Jul 1, 2013 – Sep 30, 2013)	\$280.00 including HST
2 week summer camp membership	\$550.00 including HST

Please make cheque or money order payable to 'Ajax Pickering Triathlon Club'. Please note that there will be a \$50.00 administration fee for NSF payments. Enclose the cheque in a clearly marked envelope with all sections of this application form complete (including checking all boxes) and either

mail to:

Ajax Pickering Triathlon Club
2941 Ebony Street
Ajax, Ontario L1S 7T2

or deliver to:

Ajax Running Free
26 Church Street South
Pickering Village, Ontario L1S 6B3

Privacy Agreement:

I understand that the Ajax Pickering Triathlon Club collects and limits the distribution of all personal information to internal club uses including the APTC membership list. The APTC membership list is not shared with outside parties without the consent of the APTC members.

I accept

Acknowledgement:

4. I acknowledge that I have read and understand this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

By signing below, I am agreeing to all of the terms and conditions of the Ajax Pickering Triathlon Club (APTC) and the Ontario Association of Triathletes (OAT), and understand that my membership is a condition to adhering to all terms and conditions, and that APTC or OAT can revoke or terminate my membership at any time. I also hereby agree and consent to the APTC and OAT to the use of my name and image.

Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____

