



2012 ATHLETICS NEW BRUNSWICK  
MEMBER REGISTRATION FORM



Club: **SAINT JOHN TRACK CLUB**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex (M or F) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**FEES:** \$40 ANB/Athletics Canada annual registration - 2012  
+ \$40 Club fee per season (Indoor, Outdoor or Cross Country. Includes Club T-Shirt)

**TOTAL:** \$80

- All registration fees are payable to the Saint John Track Club.
- The club will submit all ANB forms and fees on behalf of athletes.
- Athletes are responsible for their own competitive meet registration fees.

**EMERGENCY CONTACT INFORMATION**

**Parents/Guardian Information**

|  |                            |
|--|----------------------------|
| <b>Name:</b> _____                                 | <b>Relationship:</b> _____ |
| <b>Telephone:</b> (H) _____ (W) _____ (cell) _____ |                            |
| <b>Name:</b> _____                                 | <b>Relationship:</b> _____ |
| <b>Telephone (if different than above):</b>        |                            |
| (H) _____ (W) _____ (cell) _____                   |                            |

**Athlete's Medical Information**

|   |
|---|
| <b>Medicare # :</b> _____   |
| <b>Physician's Name:</b> _____ <b>Phone:</b> _____                |
| <b>Alternate Emergency Contact:</b>                               |
| <b>Name:</b> _____ <b>Phone:</b> _____ <b>Relationship:</b> _____ |
| <b>Medical information we need to know about:</b> _____           |

## 2012 Athletics Canada/ Athletics New Brunswick Registration Waiver

In consideration of the acceptance of my application for registration as a member of Athletics New Brunswick for the 2012 calendar year, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Athletics New Brunswick and its respective agents, officials, employees, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my registration as a member of Athletics New Brunswick, or my participation in any Athletics New Brunswick sponsored and/or sanctioned event in the 2012 calendar year, whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid. IF THIS WAIVER IS ALTERED YOUR REGISTRATION WILL BE REJECTED.

### PLEASE NOTE:

\*This form must be signed by both the applicant and, if the athlete is a club member, the club registrar; and a legal guardian, if the athlete is under the age of 18.

\*Upon acceptance as a member of Athletics Canada, New Brunswick Branch (Athletics New Brunswick), the applicant agrees to abide by the rules and procedures of Athletics Canada and Athletics New Brunswick.

\*For details of insurance coverage please consult your club.

\*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club in that calendar year. Application for a transfer may be made to the Athletics New Brunswick Board in special cases.

### The ATHLETICS NEW BRUNSWICK Drug Use and Doping Control Policy (Available through your club or the ANB office)

#### AGREEMENT

In consideration of being a member of Athletics New Brunswick and my subsequent participation in all Athletics New Brunswick programs, I agree to adhere to and support the Athletics New Brunswick Drug Use and Doping Control Policy. I acknowledge that I have read and understand the Athletics New Brunswick Drug Use and Doping Control Policy. More specifically, I agree to support, uphold and abide by the Athletics New Brunswick Position Statement included in the Athletics New Brunswick Drug Use and Doping Control Policy.

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Athletics New Brunswick to copyright and/or publish any photographs, videotapes and/or film in which I appear while attending an ANB event. I further agree that ANB may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
LEGAL GUARDIAN SIGNATURE  
(If Applicant is under 18 years of age)

DATED \_\_\_\_\_

\_\_\_\_\_  
PRINT ATHLETE'S NAME

**EXPIRY DATE: 12/2012**

\_\_\_\_\_  
CLUB REGISTRAR