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:

PROGRAM / ATHLETE GROUP	Club Fee Per Season	Annual ANB	Total	(X)
Run Jump Throw (Ages 8-10)	$50	$50	$100.00	
Junior Development (Ages 11-14) / Recreational / Master	$60	$50	$110.00	
Competitive Athletes (Ages 14+)	$100	$50	$150.00	

- 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

Name: _____ **Relationship**: _____

Telephone: (H) _____ (W) _____ (cell)_____

Name: _____ **Relationship**: _____

Telephone (if different than above):

(H) _____ (W) _____ (cell)_____

Athlete's Medical Information

Medicare # : _____

Physician's Name: _____ **Phone:** _____

Alternate Emergency Contact:

Name: _____ **Phone**: _____ **Relationship**:_____

Medical information we need to know about: _____

Waiver

In consideration of the acceptance of my application for registration as a member of Athletics New Brunswick for the 2015 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 2015 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.

_____ or _____ DATED _____
APPLICANT'S SIGNATURE LEGAL GUARDIAN SIGNATURE
(If Applicant is under 18 years of age)

_____ _____
PRINT ATHLETE'S NAME **EXPIRY DATE: Dec 31st of year regsitered** CLUB REGISTRAR