



throwersclub.ca



2015 Membership Registration

Name: _____ **Age:** _____
First Initial Last

Date of Birth: _____ (dd/mm/yyyy) **Gender:** _____ **CMA #:** _____

Address: _____
Street _____ Apt # _____
City _____
Prov. _____ Postal Code _____

Phone #: _____

Alternate #: _____

Fax: _____

Email: _____

Alternate Email: _____

MEMBERSHIP REQUIREMENTS
You MUST be an Athletics Canada Member to join the Throwers Club. You automatically join AC through your Ontario Masters Athletics membership.

Areas of Interest:

Throws Pentathlon _____ **Triathlon** _____ **Individual:** Shot Put _____

Individual: Discus _____ Javelin _____ Hammer _____ Weight _____

Are you interesting in volunteering? _____

Emergency Contact #1:

Emergency Contact #2:

Name: _____

Name: _____

Phone# _____

Phone# _____

Any Medical Conditions or Allergies you think we should be aware of:

In applying for membership in the Throwers Club, I certify that I am physically fit to participate in the activities of the Throwers Club, to the extent that I choose to participate. I agree to hold the Throwers Club, its executive and members harmless for any liability for any occurrence as a result of my participation of any of the foregoing. I consent to the use by the Throwers Club of the information in this application form for the purposes of carrying out the programs and services to members.

Date: _____ **Signature:** _____

Please print, complete and sign this application form, enclose a cheque or money order for \$25.00 and mail to Barb Dabrowski, 275 Old Post Road, Waterloo, ON N2L 5B8

Amount Enclosed: \$ _____

**Annual Meeting Feb 8, 2015
Toronto Track & Field Centre**