

## Membership Form

| Membership | ree: |  |
|------------|------|--|
|            |      |  |

\*all OVTPA members must purchase a CTCPA membership **OVTPA CTCPA** 

PRIOR TO MARCH 1ST:

| OTILA  | \$40.00 Individual            | [   | ]     | \$40.00 Adult [ ]         |  |  |  |  |
|--|-------------------------------|-----|-------|---------------------------|--|--|--|--|
|  | \$60.00 Family                | [   | ]     | \$10.00 Senior Youth [ ]  |  |  |  |  |
| Membership Form  | AFTER MARCH 2 <sup>ND</sup> : |     |       | \$0.00 Junior Youth [ ]   |  |  |  |  |
|  | \$50.00 Individual            | [   | ]     |                           |  |  |  |  |
| NOTE – OVTPA Family membership is for children   | \$70.00 Family                | [   | ]     |                           |  |  |  |  |
| under the age of 18 years. Once a child is 18 years as of January 1 <sup>st</sup> , it is their responsibility to purchase an "Individual" membership. | ONE TIME TRIAL \$25           | [   | ]     | Total: \$                 |  |  |  |  |
| Name:  |                               |     |       |                           |  |  |  |  |
| {if this is a family membership, list all members}   |                               |     |       |                           |  |  |  |  |
| Address:   |                               |     |       |                           |  |  |  |  |
| City & Province:   |                               |     |       |                           |  |  |  |  |
| Postal Code:   |                               |     |       |                           |  |  |  |  |
| Phone Number:  |                               |     |       |                           |  |  |  |  |
| Email Address:   |                               |     |       |                           |  |  |  |  |
| <u>Insurance Information</u>   |                               |     |       |                           |  |  |  |  |
| Insurance Company Name:  |                               |     |       |                           |  |  |  |  |
| Policy Number: Expiry Date:  |                               |     |       |                           |  |  |  |  |
| *Please attach proof of liability insurance for administration purposes prior to attending an OVTPA event.*  |                               |     |       |                           |  |  |  |  |
| ☐ I give the OVTPA permission to publish my name, contact information and photo for website and media purposes.  |                               |     |       |                           |  |  |  |  |
| ☐ I <u>DO NOT</u> give the OVTPA permission to public media purposes.  | sh my name, contact inf       | orm | ation | and photo for website and |  |  |  |  |
| X I have read and agree to the Terms and Conditions set forth by the OVTPA Waiver.   |                               |     |       |                           |  |  |  |  |
| Signature: Date:   |                               |     |       |                           |  |  |  |  |

Signature of Guardian if under 18 years of age: