



Canada's Premier Masters Throwing Club

throwersclub.ca



2016 Membership Registration

Name: _____ **Age:** _____

First Initial Last

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

Address: _____ **Required**

Street _____ Apt # _____

City _____

Prov. _____ Postal Code _____

Phone #: _____

Alternate #: _____

Fax: _____

Email: _____

Alternate Email: _____

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: \$ _____ 2016 Membership Fee = \$25.00