



LUGE CANADA

Registered Participant 2016 – 2017

Last Name:		First Name:											
Parent Name (if under 16 years old)													
<input type="checkbox"/> Athlete		<input type="checkbox"/> Parent		<input type="checkbox"/> Coach		<input type="checkbox"/> Official		<input type="checkbox"/> Administrator		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Address:			City:			Prov:			Postal Code:				
Home:			Work:			Cell:							
Date of Birth (dd/mm/yyyy):				Health Care # (Athlete Only):									
E-mail				Email (#2)									
Luge Club Affiliation:													

Privacy Act:

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you as a Registered Participant of the Canadian Luge Association. Medical information will only be used in a medical emergency.

*I have read the above Privacy Act statement (any registered participants under 16 years old must have a parent/guardian sign)

Signature _____

Date: _____

Eligibility

A Registered Participant – any of the following who have applied for registration as a participant with the Association, who have agreed to abide by the Association's By-laws, policies, rules and regulations and who have been accepted as a Registered Participant with the Association:

- i. A "Club" which is defined as an organized Luge Club registered with a Provincial Member of the Association, with goals and objectives similar to the Association;
- ii. Any "Individual", who is an athlete, parent, coach, official, administrator who is registered with a Luge Club and/or Provincial Member, and/or the Association, whose main objective is participation in Luge.

Waiver:

"In consideration of my involvement with the Canadian Luge Association and its members, I hereby indemnify and save harmless the Canadian Luge Association and any members thereof from all claims of every nature and cause however caused, which may arise from my membership in or involvement with the Canadian Luge Association."

I have read the above Waiver statement (any registered participants under 16 years old must have a parent/guardian sign)

Signature _____

Date: _____

Registered Participant Fees \$5.00 Fee per person
Membership Expires March 31st of each Year

Payment: Forms must be signed and sent by email, fax or mail.

- Cheque or Cash or Paypal (cheques payable to Canadian Luge Association)

Canadian Luge Association:

Telephone: (403) 202-6581 Fax: (403) 202-6561 www.luge.ca 323, 151 Canada Olympic Rd SW, Calgary, AB T3B 6B7