



Registered Participant 2018 – 2019

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: _____

Membership Expires March 31st of each Year

Payment:

Completion of Respect In Sport (no additional fee required) <http://www.luge.ca/en/involvement/respect/>

• Completion Date: _____ Certificate #: _____

\$5.00 Fee **Respect in Sport Course Completed By: _____ (family member name)

• Cheque (cheques payable to Canadian Luge Association) / Cash / PayPal / e-Transfer (tfarstad@luge.ca)

Head Office: 250, 149 Canada Olympic Road S.W. • Calgary, Alberta • T3B 6B7 • 403-202-6581

**Whistler Office: c/o The Whistler Sliding Centre • P.O. Box 1578, 4910 Glacier Lane • Whistler, BC • V0N 1B4 • 604-964-0037 • 778-328-6676 (Fax)
info@luge.ca • www.luge.ca**