

FOR SSD OFFICE USE ONLY		
Athlete Name		
Membership type		
Fees Paid		



## Registration Documents Checklist

**Please ensure that all documents are completed and signed fully.  
Incomplete forms will be returned.**

### **Athletics Ontario Athletes (Bantam/MTA Senior U14) – AO Senior (Open/Over 20)**

- SSD Registration Form
- Membership Agreement (Club Copy)
- Athletics Ontario Competitive Athlete Registration Form
- Power of Attorney
- Health and Emergency Contact Information
- Membership Agreement (Athlete Copy)

### **Minor Track Association Athletes (Mite – Atom age only)**

- SSD Registration Form
- Membership Agreement (Club Copy)
- Power of Attorney
- Health and Emergency Contact Information
- Membership Agreement (Athlete Copy)

**Please include checklist with registration documents.**



Barrie, Ontario L4N 7L9

Phone: 705-725-1477

Email: ssdtfc@csolve.net

**2021 Registration Form**

**Age Categories/Fees (Full Year) Please selection one**

- Mite*... (2013).....\$400.00       *Tyke*... (2011/2012).....\$400.00
- Atom*... (2009/2010).....\$400.00       *MTA Senior/Bantam(U14)*(2008).....\$600.00
- Midget(U16)*(2006/2007).....\$600.00       *Youth(U18)*(2004/2005).....\$600.00
- Junior(U20)*(2002/2003)..... \$600.00       *Senior(Open)*(2001) or earlier).....\$600.00

**ENTRY FEES:** The above fees include Provincial Association Fees ONLY and covers memberships from January 1, to December 31, 2021. Meet entry fees are the responsibility of the athletes/parents. All of the above amounts include HST. First time members must purchase a warm-up suit/jacket along with membership.

- Family Rate (3 or more)      10% discount
- Indoor Competition Season Only (January - April)      \$300.00
- OFSAA Training ONLY (Jan – May)(no competition)      \$285.00
- Returning University Alumni (Outdoor comp only)      \$300.00
- Returning Univ Alumni (Yrly AO reg/OD comp only)      \$325.00
- Outdoor Competition Season Only (May-Aug)      \$300.00
- Indoor Training/Outdoor Competition (January - Aug)      \$485.00
- Outdoor/X-Country Season (May-December)      \$500.00
- Outdoor Competition/Fall Training (May-Dec)      \$485.00
- Ontario Cross Country (Aug-Nov)      \$285.00
- Fall Training(Sprints, Jumps, Throws)(new members only)      \$225.00 Non-competing Athlete
- Fundraising Fee      \$200.00 ALL Member (Yearly) (Separate cheque)

**THERE WILL BE NO REFUNDS.**

In consideration of your acceptance of this registration, we, the undersigned, do waive and release any and all rights and claims for damages that may occur, for any injury and/or illness suffered by the Registrant in any Club activity. Athletes must also advise the club of any activity, such as another sport, activity or job which might interfere with his/her full participation in the Club’s training and competition schedules.

Athlete’s Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent’s First Names: \_\_\_\_\_ / \_\_\_\_\_  
(Please Print)

Parent Email: \_\_\_\_\_ School Attending: \_\_\_\_\_

Athlete’s Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**FUNDRAISING:** ALL ATHLETES AND THEIR FAMILIES WILL BE EXPECTED TO PARTICIPATE IN FUNDRAISING ACTIVITIES ORGANIZED BY THE CLUB. There is a mandatory \$200 Fundraising Fee, paid annually by ALL members. This is to be paid on athlete registration by separate cheque. Members who participate in fundraising activities will receive a 50% rebate on amounts raised to a maximum of \$200.



## Membership Agreement

**By signing below (“I” being the undersigned athlete/parent/guardian, acknowledge that I understand and fully consent to the following: SSDTFC being further known as “South Simcoe Dufferin Track and Field Club”**

1. I hereby release SSDTFC and all other associated individuals charged by SSDTFC, and sanctioning bodies from any legal action arising from injury, illness (including but not limited to communicable diseases) or death.
2. I acknowledge that I must complete and submit all items required by SSDTFC for my registration to be processed.
3. I understand that for ethical reasons, I cannot train under a coach affiliated with another AO registered Club unless I have expressed permission from the Executive Director.
4. I understand that Membership Dues are non-negotiable and non-refundable.
5. I understand that Membership Dues, penalties, and other fees must be current before I can take advantage of any Membership Benefits
6. I allow SSDTFC to use my name, achievements, and photographs in SSDTFC advertisement, media, and website to assist in furthering its initiatives.
7. I agree that I must register for track meets under SSDTFC if I am not expected to participate for my school, college/university.
8. I agree that I will be allowed to participate in a maximum of 3 individual event for an Athletic Ontario aged athlete and 2 events for a Minor Track aged athlete during a 2 day track and field meet at the discretion of the SSDTFC Head Coach.
9. I understand that when I participate at a SSDTFC sponsored event or competition I must participate in apparel approved by SSDTFC.
10. I agree to participate on relays organized by the SSDTFC Head Coach or Designated Representative at sanctioned competitions when approached.
11. I agree not to make any decisions regarding my participation during a competition without the consent of the SSDTFC Coach or Designated Representative which hold precedent over any other coach I may have.
12. I can be refused to compete based on my lack of readiness to compete at the discretion of the SSDTFC Head Coach
13. I agree that additional expenses not subsidized by SSDTFC are my responsibility.
14. I will be active in volunteerism opportunities provided by SSDTFC.
15. I will make an effort to be available to SSDTFC administration and my fellow team mates so I may utilize my leadership and communicative skills.
16. I allow SSDTFC Staff to openly communicate with me regarding my participation within the program.
17. I will maintain respectful and professional lines of communication with SSDTFC Administration.
18. I understand that my membership with SSDTFC will be suspended if I engage in activities and/or behaviour unbecoming of a SSDTFC member and role model, and/or activities that jeopardize the safety and/or credibility of the organization and its members.
19. I will show pride in the SSDTFC program and will assist in forwarding its goals the best way I know how so that others will have access to the same opportunities.
20. I will follow all rules regarding travel and competition outlined in the SSDTFC bylaws and curfews imposed by SSDTFC Coaches and/or Representatives at all out-of-town competitions.
21. I agree to abide by the rules and regulations set forth by Athletic Canada, Athletics Ontario, and SSDTFC, as well as, conducting myself in a respectable manner when representing SSDTFC.
22. I acknowledge that I have read and agree to all fees, entitlements, and restrictions outlined by SSDTFC.
23. I acknowledge that the rules and regulations, entitlements, and restrictions may change from time to time, and I will keep myself informed of any changes or new developments.
24. All of the information I have provided in this package to SSDTFC is true to my knowledge, and any purposely omitted or false information will result in my exclusion from the Program.

\_\_\_\_\_  
Print (Athlete)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Print (Parent/Guardian if athlete is under 18 years of age)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Print SSDTFC Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

Club Copy



(A BRANCH OF ATHLETICS CANADA)

3701 Danforth Avenue, Scarborough, Ontario, M1N 2G2  
Phone: (647) 352-7214  
Email: [office@athleticsontario.ca](mailto:office@athleticsontario.ca)  
Website: [www.athleticsontario.ca](http://www.athleticsontario.ca)

# 2021 ATHLETE REGISTRATION FORM

2021 Fee Schedule (HST #104002357 RT)

Athletics Canada #

<https://athleticsontario.ca/athlete-registration/>

(if known)

ATHLETE TYPE: (CHECK ONE):  COMPETITIVE  NON-COMPETITIVE (Recreational)

SEASON: (CHECK ONE):  JAN-DEC (FULL YEAR)  MAY-DEC (OUTDOOR)  SEPT-DEC (XC)

AGE CATEGORY: (CHECK ONE)  
 U8 (2014 or later)  U14 (2008-09)  U20 (2002-03)  
 U10 (2012-13)  U16 (2006-07)  Open (2001 or earlier)  
 U12 (2010-11)  U18 (2004-05)  Masters (30+ years)

\*Athletes wishing to move to a new club during the calendar year should read the AO Transfer Policy on our website at <https://athleticsontario.ca/about/policies-and-governance/>

For details of insurance coverage please visit <https://athleticsontario.ca/insurance-information/>

Competitive Club athletes MUST name an AO registered coach (or a foreign coach who is a member of his/her governing body)

CLUB NAME

(If unattached or self-coached unattached, please indicate this in CLUB NAME box)

LAST NAME  COUNTRY OF BIRTH

FIRST NAME  CITIZENSHIP

BIRTHDATE  YYYY / MM / DD GENDER  M  F

ADDRESS

CITY  PROV  POSTAL CODE

PHONE #  ( ) - COACH

E-MAIL  E-MAIL 2

EMERGENCY CONTACT  PHONE  ( ) -

## Waiver

In consideration of the acceptance of my application for registration as a member of Athletics Ontario for the 2021 calendar year, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my registration as a member of Athletics Ontario, or my participation in any Athletics Ontario sponsored and/or sanctioned event in the 2021 calendar year, whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

IF THIS WAIVER IS ALTERED YOUR REGISTRATION WILL BE REJECTED.

\*This form must be signed by both the applicant and, if the athlete is under the age of 18, a parent or legal guardian.

\*Upon acceptance as a member of Athletics Canada, Ontario Branch (Athletics Ontario), the applicant agrees to abide by the rules, procedures and Code of Conduct of Athletics Canada and Athletics Ontario.

\*Once an Athlete has signed with a club for a calendar year, the athlete may not transfer to another club during the calendar year but can leave the club (with the club's permission) and compete for the remainder of the calendar year as a disassociated athlete.

## 2021

### The ATHLETICS ONTARIO Drug Use and Doping Control Policy & Concussion Awareness Agreement

In consideration of being a member of Athletics Ontario and my subsequent participation in all Athletics Ontario programs, I agree to adhere to and support the Athletics Ontario Drug Use and Doping Control Policy. I acknowledge that I have read and understand the Athletics Ontario Drug Use and Doping Control Policy. More specifically, I agree to support, uphold and abide by the Athletics Ontario Position Statement included in the Athletics Ontario Drug Use and Doping Control Policy.

The athlete and their parent/guardian (if the athlete is under 18 years of age) has reviewed the Minister approved **Concussion Awareness Resources** available at: <https://athleticsontario.ca/safe-sport/>

APPLICANT'S SIGNATURE \_\_\_\_\_

LEGAL GUARDIAN SIGNATURE (If Applicant is under 18 years of age) \_\_\_\_\_

DATED \_\_\_\_/\_\_\_\_/\_\_\_\_ EXPIRY DATE: 12/21

When complete forward this form & fee to your club registrar.

Club Registrar - Please note that this form is a legal document and must be kept for at least 10 years

UNATTACHED ATHLETES ONLY: Send the completed form & fee to the AO office for processing.



**POWER OF ATTORNEY for use in 2021**

**TO BE COMPLETED ONLY IF YOU WISH TO APPOINT A POWER OF ATTORNEY**  
**(The Power of Attorney is used to allow you, the Donor (either athlete or parent/guardian of athlete), to appoint a person or persons to be your attorney and to sign Athletics Ontario entry forms, waivers, etc. on your behalf)**

**SUBMIT THIS FORM TO YOUR CLUB REGISTRAR**

This Power of Attorney is given on the \_\_\_\_\_ (insert day) day of \_\_\_\_\_ (insert month), \_\_\_\_\_ (insert year) by \_\_\_\_\_ (Name of Donor) of the \_\_\_\_\_ (insert word Town, City, etc.) of \_\_\_\_\_ (insert Name of Town, City, etc.) in the \_\_\_\_\_ (insert word Municipality, Regional Municipality, etc.) of \_\_\_\_\_ (Insert Name of Municipality, Regional Municipality, etc.).

I appoint Mary Ann Browne (Attorney(s)) of the City (insert word Town, City, etc.) of Barrie (insert Name of Town, City, etc.) in the County (insert word Municipality, Regional Municipality, etc.) of Simcoe (insert Name of Municipality, Regional Municipality, etc.) **(jointly, or jointly and severally,)** to be my attorney(s) in accordance with the Powers of Attorney Act and to do on my behalf anything that I can lawfully do by an Attorney.

**This power of attorney is subject to the following conditions and restrictions:** This Power of Attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit me to participate in any event sponsored or sanctioned by Athletics Ontario during the 2021 calendar year commencing January 01 and ending on December 31 inclusive. I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that I, my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED arising or to arise by reason of my participation in any Athletics Ontario sponsored or sanctioned event in the said 2021 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

**PARENT/GUARDIAN (FOR UNDER-AGE ATHLETES - UNDER 18 YEARS OF AGE AS OF JANUARY 1, 2021):**

This power of attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit \_\_\_\_\_ (insert name of athlete) Age \_\_\_\_\_ (insert age) of whom I am the \_\_\_\_\_ (insert either father, mother or legal guardian) to participate in any event sponsored or sanctioned by Athletics Ontario during the 2021 calendar year commencing January 01 and ending on December 31 (inclusive). I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that the said \_\_\_\_\_ (insert name of athlete) or his/her or my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to the said \_\_\_\_\_ (insert name of athlete), or to his/her property HOWSOEVER CAUSED arising or to arise by reason of said \_\_\_\_\_'s (insert name of athlete) participation in any Athletics Ontario sponsored or sanctioned event in the said 2021 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

**NOTE: SIGNATURE OF ATHLETE AND/OR PARENT/GUARDIAN VERIFIES THAT YOU HAVE READ AND AGREED TO THE ABOVE.**

SIGNATURE OF ATHLETE (DONOR)  
(If Donor is 18 or older)

(SIGNATURE OF PARENT/GUARDIAN (DONOR)  
(If Donor is under age 18)

**We are the witnesses to this Power of Attorney.** We have signed this Power of Attorney in the presence of the person whose signature appears above, and in the presence of each other, on the date shown above. **Neither one of us is the Attorney, a spouse or partner of the Attorney, a child of the Donor or person whom the Donor has demonstrated a settled intention to treat as a child of the Donor, or is less than eighteen (18) years old.** Neither one of us has any reason to believe that the Donor is incapable of giving a Power of Attorney or making decisions in respect of which instructions are contained in this Power of Attorney.

\_\_\_\_\_  
(1st witness's Signature)

\_\_\_\_\_  
(2nd witness's Signature)

\_\_\_\_\_  
(Name of witness – please print)

\_\_\_\_\_  
(Name of witness – please print)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, Province, Postal Code)

\_\_\_\_\_  
(City, Province, Postal Code)

\_\_\_\_\_  
(Occupation)

\_\_\_\_\_  
(Occupation)

**TO BE BINDING, THIS POWER OF ATTORNEY FORM MUST BE FILLED IN CORRECTLY AND ENTIRELY**



## HEALTH AND EMERGENCY CONTACT INFORMATION FORM

CONFIDENTIAL ONCE COMPLETED

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Athlete's Name Date of Birth(dd/mm/yyyy)

---

Address City Postal Code

---

Father/Guardian's Name Telephone Cell Phone

---

Mother/Guardian's Name Telephone Cell Phone

---

Emergency Contact Relationship Telephone

---

Medical Conditions

---

Allergies (Food, Environmental and Medication)

---

Allergies (Food, Environmental and Medication Cont'd)

---

List Current Medications

---

Special situations or information that may be relevant to the athlete's health

---

Doctor's Name & Address Telephone

---

Health Card Number (with Version Code) Last Physical Date

### Consent to seek medical attention

I will notify South Simcoe Dufferin Track and Field Club of any changes in my child's medical condition or health history. If the emergency contact person identified in this form cannot be reached and my child has an injury, accident or falls ill, I hereby authorize South Simcoe Dufferin Track and Field Club to provide my child with or make arrangements for emergency medical treatment.

---

Athlete's Signature Date

---

Parents Signature (if Athlete under 18 years of age) Date



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23. I acknowledge that the rules and regulations, entitlements, and restrictions may change from time to time, and I will keep myself informed of any changes or new developments.
24. All of the information I have provided in this package to SSDTFC is true to my knowledge, and any purposely omitted or false information will result in my exclusion from the Program.

\_\_\_\_\_  
Print (Athlete)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Print (Parent/Guardian if athlete is under 18 years of age)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Print SSDTFC Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)