**SAUGEEN TRACK AND FIELD CLUB
MEMBERSHIP APPLICATION 2020**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE (D/M/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME AND NUMBER)**

**PLEASE LIST ANY MEDICAL CONDITIONS (NOTING THAT PRACTICING AND COMPETING IN TRACK AND FIELD IS A STRENUOUS EVENT). An annual physician’s physical is recommended.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS PARTICIPANT IS RESPONSIBLE FOR HIS/HER OWN MEDICAL COVERAGE.**

**It is responsibility of the applicant to ensure himself/herself of being medically fit to enter into competition or other activities sponsored by the Saugeen Track and Field Club. In consideration of your acceptance of this membership application, I hereby for myself, my heirs, executors and administrators, and members of my family named above, waive and release all claims for damage or losses I have or in the future may have against the Saugeen Track and Field Club, its agent or other personnel representing the club including coaches and executive members which may arise out of traveling to, participating in, or returning from any training practice, athletic meet or other activity of, or associated with, the Saugeen Track and Field Club.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_**

**Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POWER OF ATTORNEY AND PHOTOGRAPH PERMISSION**

This Power of Attorney is given on this \_\_\_ day of \_\_\_\_\_\_ (month) of 201\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of parent/guardian) on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of athlete).

I hereby appoint Randy Millar, Glenn Elliott, Jacqui West and/or Brian Hilbers to be my attorney(s) and to
do the following on my behalf as parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of athlete).

This power of attorney shall only enable my said attorney(s) to execute such forms, waivers and other

documents as may be required to permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of athlete) to participate in any

track and field or running event during the 2020 calendar year. I understand that these forms, waivers and other documents may waive any and all claims that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of athlete), my or their heirs, executors, administrators may have for any death, damages, losses or injuries to any person or property howsoever caused notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I hereby permit photographs or other images of the above named athlete to be used by Saugeen Track
and Field Club for promotional purposes including on its website and on twitter.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_