

Edmonton BMX Association

Application for Club Membership Form 2018 season

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| I do hereby make application to the "Edmonton BMX Association" and agree to comply with all rules and regulations for all activities and understand that I am fully responsible for my actions. I understand that my membership will be valid from the beginning of the race season (April 1) to the end of the season (October 31). | |
| Rider’s Name (Please Print: 1st name / Last name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Male □ Female | |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (as of Dec. 31/2018): \_\_\_ | |
| City, Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostalCode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of Birth: m\_\_\_\_/d\_\_\_\_/y\_\_\_\_ | Class (Check one): □ Novice □ Intermediate □ Expert □ JR Elite □ Elite □ Cruiser |
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| |  | | --- | | WAIVER OF CLAIM - MEDICAL RELEASE | | In consideration of the participation of the minor child being permitted to participate in all activities, I hereby agree to indemnify and hold blameless Edmonton BMX Association, it’s officers, employees, or agents from any and all liability from damages, loss or injuries, either to person or property, which the said minor may sustain while engaged in any activity conducted by or in connection with Edmonton BMX Association, including but not limited to transportation. | | I further certify that I have custody or am the legal guardian. I further allege that the said minor is physically able to participate in the activity set forth herein. I further agree to reimburse or make good any loss or damage costs that Edmonton BMX Association may have to pay if any litigation arises on account of any claim by said minor, or anyone on said minor’s behalf.  I agree that in the event that the said minor requires medical or surgical treatment while under the supervision of Edmonton BMX Association recreational personnel in connection with any sponsored activity or trip, such supervisor can authorize treatment. I also agree to pay for all medical, hospital or other expenses which said minor may incur as a result of such treatment.  I also hereby expressly grant the Edmonton BMX Association and its’ employees, agents, and assigns the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness. (As the same may appear in any still camera photographs, and/or video tape productions) and in connection with exhibition on television or otherwise, of any video tape and which the same would have been used or incorporated, and also in advertising, exploiting, and/or publicizing of any such video tape, but not limited to television. I further give to Edmonton BMX Association the right to reproduce in any manner whatsoever any recording made of my voice and all instrumental, musical, or any other sound effect produced by me. | | |
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| **IN WITNESS WHEREOF, I/We sign this release on the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_\_\_\_.** | |
| ***Signature of Parent/Guardian/Adult Competitor Signature of Parent/Guardian/Adult Competitor*** | |
| Parent(s) 1st name(s): Today’s Date: | |
| Provincial Medical Number: Club Membership Amount Paid ($80): | |
| Club’s Authorized signature: Volunteer Cheque Received & Chq #: | |
| I / We **DO NOT** wish to Volunteer this year. *(Cheque will be cashed at year-end)*. Please Check& Sign: ο | |