

4061-4<sup>th</sup> Avenue, Whitehorse YT  
Y1A 1H1



[www.athleticsyukon.ca](http://www.athleticsyukon.ca)  
for On-line membership

## Athletics Yukon 2018 Membership Form

Name(s) <b>Members participate in AY events for free</b>	National Competitive Member* (Y/N)	Gender (M/F)	Date of birth		
			year	month	day
1.					
2.					
3.					
4.					
email (print clearly) <i>All correspondence is sent to the email address provided.</i>					
phone					
address					

- National (International) Competitive member is planning to compete in a National / International event

### **Membership fees (by age, on December 31<sup>st</sup> of this year)**

Please make cheque payable to Athletics Yukon and return to Sport Yukon: attention AY.

Under 20 years: \_\_\_\_\_ \$35.00  
20-59 years: \_\_\_\_\_ \$50.00  
60 + years: \_\_\_\_\_ \$35.00

Family deal! \_\_\_\_\_ \$100.00  
(up to 4 members)

### **Areas of Interest – please check all that apply**

<input type="checkbox"/> Run	<input type="checkbox"/> sprint	<input type="checkbox"/> mid-distance	<input type="checkbox"/> distance
<input type="checkbox"/> Walk	<input type="checkbox"/> sprint	<input type="checkbox"/> mid-distance	<input type="checkbox"/> distance
<input type="checkbox"/> Snowshoe	<input type="checkbox"/> sprint	<input type="checkbox"/> mid-distance	<input type="checkbox"/> distance
<input type="checkbox"/> Track	<input type="checkbox"/> throws	<input type="checkbox"/> jumps	<input type="checkbox"/> hurdles
Surface	<input type="checkbox"/> road	<input type="checkbox"/> trail	<input type="checkbox"/> track

*No application can be accepted without signature on Informed Consent Agreement – over page*

### **Can you help out?**

**Volunteers** are always needed to help out at Athletics Yukon event (i.e. Water stations, marshaling, etc.) It's a great way to involve family/friends or to help out if you are not participating.

I'd like to volunteer at an AY event: \_\_\_\_\_

My friend/family would like to volunteer: \_\_\_\_\_ Name & contact information

Administration Only:

Cash:   
Cheque:

Amount: \_\_\_\_\_  
Cheque # \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_  
Member # \_\_\_\_\_

# Athletics Yukon Informed Consent Agreement

## *Risk*

I, the undersigned, understand and acknowledge that participating the Athletics Yukon programs and activities might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in programs or activities or events which are sanctioned/approved by Athletics Yukon voluntarily and at my own risk.

I understand that many events are unsupported and take place in the Yukon wilderness which presents additional risk that Athletics Yukon cannot prepare for.

## *Liability*

I, the undersigned, in consideration of acceptance of my participation in programs and activities of the event which is organized, operated or sanctioned by Athletics Yukon, I agree that Athletics Yukon, its officers, directors, employees, coaches, volunteers, members, agents and representatives, shall not be liable for any personal injury, property damage or loss arising from or in any way resulting from my participation, unless such injury, loss or damage is caused by the negligence of Athletics Yukon or its volunteers, sponsors, employees or agents while acting within the scope of their duties.

## *Road Running*

In consideration of acceptance of the Registration, I for myself and my heirs, executors, administrators and assigns, forever waive, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against Athletics Yukon and its members, for any and all injuries in any manner arising or resulting from my participating in Athletics Yukon programs or sanctioned races. I attest and verify that I have full knowledge of the risks involved, that I assume those risks, that I will assume and pay my own emergencies expenses in the event of accident, illness, or other capacity, regardless of whether I have authorized such expense and that I am physically fit to participate in the program.

## *Privacy*

I, the undersigned, understand that Athletics Yukon collects personal information about each of its registrants, including name, address, email, telephone number, sex, age and date of birth. This information is used for the purposes of the communications from the association, ensuring that each participant competes in the appropriate category, that their name will be listed in that category in the results which are posted on Athletics Yukon website and determining demographics and market trends. The information is also used by and disclosed to Athletics Canada for annual demographic reporting, registration, determining age group and to communicate with provincial associations and participants about athletic programs, events and activities. I understand that Athletics Yukon has the right to take photographs, videotape, or digital recordings of me and to use these in any and all media. I am aware that by giving this consent, I am permitting my name and performance results to be posted on the Athletics Yukon and Athletics Canada website and publications, which can be viewed by anyone who accesses these websites or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Athletics Yukon or Athletics Canada.

## *Drug Abuse and Doping Control*

Athletics Yukon is committed to providing a safe environment in which all its participants shall be respected by all other participants, be free from abuse at the hands of any other participant and not be required to participate, and not be required to participant in unsafe or abusive conditions. Athletics Yukon has a "zero tolerance policy" in breaches of the law. Zero tolerance means that no level of sexual harassment is acceptable. No application of membership will be accepted from any person who has been convicted of any criminal offence with respect to any sexual assault under the laws of Canada.

---

## THE SIGNATURE SECTION MUST BE COMPLETED FOR EACH PARTICIPANT

I, confirm that I am:  under the age of 19  Of the full age of 19 years, have read, understood and agree to the contents of this informed Consent Form in its entirely.

Signature of Participant (1)

Signature of Participant (2)

Signed Date:

---

---

---