



# 2010 Ontario Amateur Wrestling Association Membership Form

For those not registering on-line.

Please Print Neatly and sign the waiver on reverse.

**Use of this form carries an added \$20.00 per membership.**

**Please pay the fee listed below.**

**Register on-line at [www.oawa.ca](http://www.oawa.ca) to avoid paying extra costs.**

I am a (please check all that apply):  
Wrestler \_\_\_\_\_ Grappler \_\_\_\_\_ Both: \_\_\_\_\_  
Coach \_\_\_\_\_ Official \_\_\_\_\_ Other: \_\_\_\_\_

For use at Grappling events only: \_\_\_\_\_ Athlete      One-time at event Membership only (\$10.00)

**Fees (fees are higher for using this form):**  
**Athlete: \$50.00      Coach: \$90.00**  
**Official: \$50.00 (OAWA portion only)**  
**Other: \$50.00**

Personal Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth date <sup>M</sup> / <sup>D</sup> / <sup>Year</sup> \_\_\_\_\_ Gender: Male:  Female:

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Health Card (athletes only) \_\_\_\_\_

Division: \_\_\_\_\_ Club Name \_\_\_\_\_ Head Coach: \_\_\_\_\_  
*(Age group if registering as an athlete)*

Divisions:      *Novice (born 2000 and after); Kids (born 1999/1998); Bantams (born 1997/1996); Cadets (born 1995/1994); Juvenile (born 1993/1992); Junior (born 1991/1990); Senior (born 1989 or before); Coach, Official, Supporter (no year)*

**YOU MUST SIGN THE ATTACHED WAIVER TO COMPLETE YOUR MEMBERSHIP APPLICATION**

Reminder: If you are a competitor you must send proof of age and full payment. Without these, your form will not be processed. This could cause for delay and added cost to you or your club. Acceptable Proof of Age: Copy of (birth certificate, driver's license or a letter from your school verifying birthdate and signed by the principal, on school letterhead.) Incomplete forms or forms without sufficient funds will be returned and/or not processed.

Make all cheques payable to the Ontario Amateur Wrestling Association (O.A.W.A.)  
Officials only: Make cheques payable to Ontario Amateur Wrestling Officials Association (O.A.W.O.A.)

**Return Forms to:**      O.A.W.A. Registrations      **Officials:** Return form to your local Area Chairman  
3314 Bramshott RR#3  
Orillia Ont. L3V 6H3

Office Use Only:      Amount Paid \$ \_\_\_\_\_ 2009      OAWA # \_\_\_\_\_

# Ontario Amateur Wrestling Association (OAWA)

## Membership Agreement Waiver

### ALL SPORT, INCLUDING WRESTLING, HAS ITS RISKS

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I participate in the sport of Wrestling because it is physically and mentally challenging. I know that there are physical risks and hazards inherent in Wrestling, as there are in most sports. These include but are not limited to:

- Muscular injuries resulting from vigorous physical exertion
- Injuries to the eyes, teeth, face and other parts and bruises and scrapes resulting from falling to the Wrestling mat or colliding with opponents.
- Serious injuries, including permanent or temporary, total or partial disability, disfigurement, paralysis, and any other losses or damages to person or property or death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my/my child's participation; and, additional risks associated with my travel to and from events, and associated with non-competitive activities related to events and other activities.

I AGREE TO BE RESPONSIBLE FOR MYSELF. I am participating voluntarily in Wrestling. I agree that there are risks in Wrestling, as described above. By participating voluntarily in Wrestling, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in Wrestling.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: the Ontario Amateur Wrestling Association, the Wrestling Club as listed above/herein, the Canadian Amateur Wrestling Association, and each of their respective directors, officers, employees, coaches, officials, volunteers and members.

I also verify that I am aware of the OAWA **Harassment Policy** and **Code of Conduct** and **Privacy of Information Policy**, and agree to abide by/be bound by these policies. I Consent to the collection, use, and disclosure of this information as required to facilitate my participation in OAWA and related programs. I further consent to the disclosure of my personal information to the Canadian Amateur Wrestling Association as required for the participation in programs of that organization. Coaches consent to the release of their home phone numbers and other similar information for use in the promotion of the club they are involved in at the discretion of the OAWA. I hereby grant the Ontario Amateur Wrestling Association the irrevocable right to use and disclose, at their sole discretion, any information about me and my participation in Association programs for publicity, advertising, or other promotion of the Association or its programs or for the purpose of acknowledging or publicizing my achievements at events. I understand that this may include written, pictorial, or video materials.

Please check  below to acknowledge your agreement:

**All applicants: I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.**

Or, I am the Parent or Legal Guardian if the applicant is under 18 years of age and I have read, understand, and agree to the above.

**Coaches only:** I agree that as part of this membership agreement, I will submit to a full background check as directed by the OAWA. My membership is not final until I complete this process.

**This is a legal agreement. It is binding upon me as well as upon my heirs, executors and representatives. I have read and understood all its terms and by signing it voluntarily I am agreeing to abide by these terms.**

\* Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Witness' Name: \_\_\_\_\_

Signed at: \_\_\_\_\_  
(location)

Date: \_\_\_\_\_

\* Participant if 18 years old or older. Signature of Parent/Guardian (if Participant is under 18)

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