

ONPARA 2019-20 MEMBERSHIP FORM

Membership valid from October 1, 2019 – September 30, 2020



ONTARIO
PARA
NETWORK

Membership Type: Renewal New Member

Participant's Name: _____ Gender: _____

Date of Birth (dd/mm/yyyy): _____

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Alternate Email Address (if applicable): _____

Primary Phone: _____ Alternate Phone: _____

I am a(n):

- Athlete
- Coach
- Official
- Classifier
- Parent
- Volunteer
- ONPARA Board of Directors

I participate in (check all that apply):

- Wheelchair Athletics
- Wheelchair Basketball
- Wheelchair Rugby
- Wheelchair Tennis
- Other (please specify):

Athletes – Indicate classification level for each sport (if known)

Coaches – Indicate coaching level and provide NCCP Coaching Number (if applicable)

Officials and Classifiers – Specify sport(s) in which you are involved and indicate level of training/certification

	Classification	Coaching Level	Officials/Classifiers
Track	_____	_____	_____
Field	_____	_____	_____
Basketball	_____	_____	_____
Rugby	_____	_____	_____
Tennis	_____	_____	_____

Club: _____ Coach: _____

Will your club be submitting your annual membership fee for you? Yes No

MEMBERSHIP FEE: \$25.00

If paying by cheque, please make payable to **ONTARIO PARA NETWORK** and mail to 100 Sunrise Avenue, Suite 101, Toronto ON, M4A 1B3

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MEMBERSHIP AGREEMENT

Upon acceptance as a member of the Ontario Para Network, the applicant agrees to the rules and procedures of the Organization as approved through rules, by-laws, policies and regulations. By-laws and policies are available for review on ONPARA's website www.onpara.ca. It is understood and agreed that the Organization and/or any of its officials, affiliates or sponsors do not assume responsibility for any injury, damage, or loss resulting from any accident from known or unknown conditions howsoever caused.

Signature of Member or Parent/Guardian (if under 18)

Date

CONSENT TO USE IMAGE

Occasionally, ONPARA, the press, and other organizations request permission to take photographs and/or video for ONPARA publicity, fundraising and/or website purposes.

I agree to photographs and/or video being used for the above purposes on an ongoing basis. Should I no longer wish to have the photographs and/or videotapes used for publicity, fundraising and/or the ONPARA website, I will contact ONPARA in writing stating my wish to void this consent.

I AGREE

Signature of Member or Parent/Guardian

Date

I DO NOT AGREE

ROWAN'S LAW - CONCUSSION AWARENESS

Rowan's Law makes it **mandatory**, as of July 1, 2019, for sport organizations to ensure that athletes under 26 years of age, parents of athletes under 18, coaches, team trainers and officials confirm every year that they have **reviewed Ontario's Concussion Awareness Resources**, as well as establish a **Concussion Code of Conduct** that sets out rules of behaviour to support concussion prevention. Documents are available at www.onpara.ca.

I, _____ (name of athlete/coach/official/trainer) confirm that I have reviewed the Concussion Awareness Resource and have read and agree to the relevant Code of Conduct.

I, _____ (name of parent/guardian) confirm that I have reviewed the Concussion Awareness Resource and have read and agree to the relevant Code of Conduct.

For athletes under the age of 18, Rowan's Law requires 2 confirmations - one from the athlete and one from the parent/guardian.

Signature of Member or Guardian

Date

MEMBERSHIP FEE: \$25.00

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