

ONPARA 2021-22 MEMBERSHIP APPLICATION

Membership valid from October 1, 2021 – September 30, 2022



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: _____

Do you identify as having a physical disability?

- Yes No Prefer not to say

I am a(n):

- Athlete
 Coach
 Official
 ONPARA Board of Directors

- Parent
 Volunteer
 Classifier

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	_____	_____	_____

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

ONTARIO PARA NETWORK is a registered business name of Ontario Wheelchair Sports Association

ONPARA 2021-22 MEMBERSHIP APPLICATION

Membership valid from October 1, 2021 – September 30, 2022



ONTARIO
PARA
NETWORK

Club: _____ Coach: _____

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

MEMBERSHIP AGREEMENT

Upon acceptance as a member of the Ontario Para Network (“ONPARA”), the applicant agrees to the rules and procedures of ONPARA 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 ONPARA 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 Applicant or Parent/Guardian (if applicant under 18)

Date

COVID-19 ACKNOWLEDGEMENT OF RISK

COVID-19 has been declared a global pandemic by the World Health Organization. Even with a vaccine, there will always be a risk of contracting COVID-19 when participating in any activity. The Ontario Para Network (“ONPARA”) does not carry insurance that covers pandemic diseases or contagions including COVID-19. ONPARA members are responsible for their surroundings, equipment and their own safety, and assume all risks associated with participation in physical activity.

I acknowledge the highly contagious nature of COVID-19 and I voluntarily assume the risk that I (or my child) could be exposed or infected by participating in ONPARA’s activities.

Signature of Applicant or Parent/Guardian (if applicant under 18)

Date

For updated ‘Return to Sport’ guidelines and other resources, please visit <https://onpara.ca/covid-19-information-and-resources/>

I acknowledge that I have read and will adhere to ONPARA’s most up-to-date ‘Return to Sport’ guidelines.

Signature of Applicant or Parent/Guardian (if applicant under 18)

Date

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
ONTARIO PARA NETWORK is a registered business name of Ontario Wheelchair Sports Association

ONPARA 2021-22 MEMBERSHIP APPLICATION

Membership valid from October 1, 2021 – September 30, 2022



ONTARIO
PARA
NETWORK

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 limit or void this consent.

I AGREE

Signature of Applicant or their 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 on the Membership page at www.onpara.ca

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

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.

Signature of Athlete/Coach/Official/Trainer

Date

Where athlete under 18 years of age:

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.

Signature of Parent/Guardian

Date

I am an athlete aged 26+ and choose not to review the concussion materials.

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

ONTARIO PARA NETWORK is a registered business name of Ontario Wheelchair Sports Association