

Office use only--- Cheque # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bal \$ \_\_\_\_\_ Payable on \_\_\_\_\_, 2016/17

# **TERMINAL VELOCITY TIGERS TRACK CLUB**

Address: 49 Beachpoint Blvd Brampton Ont. L7A -2T7

Phone: 647-680-3939

E-mail: terminalvelocitytrack@hotmail.com

## **2017 CLUB REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact # & email: \_\_\_\_\_

Date of Birth: dd/ \_\_\_\_\_ mm/ \_\_\_\_\_ yr/ \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Mother \_\_\_\_\_ Contact # & email: \_\_\_\_\_

Father \_\_\_\_\_ Contact # & email: \_\_\_\_\_

Event \_\_\_\_\_,  
(P.B. separated with comma)

Event \_\_\_\_\_,  
(P.B. separated with comma)

Event \_\_\_\_\_,  
(P.B. separated with comma)

Events \_\_\_\_\_,  
(P.B. separated with comma)

Coache(s) Name: \_\_\_\_\_

Attending School : \_\_\_\_\_ Grade: \_\_\_\_\_

# **TERMINAL VELOCITY TIGERS TRACK CLUB**

## Club Fees for 2017 \*Pckg #1 Jan 1st 2017-Dec.31st,2017 \$850

All competitive memberships include:

- 2xTraining T-Shirts (1 Cotton & 1 Dri-Fit)
- 1xLong Sleeve T-Shirt
- 1xTraining Sweat Pant *\*\*\*PLEASE NOTE: YOUR ATHLETICS ONTARIO FEE ONLY APPLIES TO PACKAGE #1*
- 1xTraining Hoodie
- 1xCompetition Track Suit
- 1xSinglet & shorts
- 1xBag

### \*Pckg #2A. Jan 1st, 2016-June 30th, 2017 \$450

- 2xTraining T-Shirt (1 Cotton & 1 Dri-Fit)
- 1xLong Sleeve T-Shirt
- 1xTraining Sweat Pant
- 1xTraining Hoodie

### \*Pckg #2B. June 1st, 2017 - Dec. 31st, 2017 \$550

- 2xTraining T-Shirts (1 Cotton & 1 Dri-Fit)
- 1xLong Sleeve T-Shirt
- 1xTraining Sweat Pant
- 1xTraining Hoodie

Apparel will be given upon payment completion. Please make cheque payable to:

**TERMINAL VELOCITY TRACK CLUB** or e-transfer **TERMINALVELOCITYTRACK@HOTMAIL.COM**

Please note **TERMINAL VELOCITY TRACK CLUB** Apparel is MANDATORY at all Training sessions, as well as Competition Events. Failure to do so may result in suspension &/or dismissal.

Where applicable club registration form will accompany the following:

- ✓ Minor Track Association Power of Attorney Form (Ages 6 to 14)
- ✓ Athletics Ontario Power of Attorney Form (Ages 12 and up)
- ✓ Athletics Ontario Competitive Form (Completed and signed by two witnesses)

In consideration of your acceptance of this registration, we the undersigned, do waive and release any and all rights and claims for damages that may be incurred for any injury suffered by the registrant in any club activity. We further agree to attend and assist in at least two fundraising events this year and to abide by the club's code of conduct - (see and complete below)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent Guardian Signature (If athlete is under 18)

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

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

# **TERMINAL VELOCITY TIGERS TRACK CLUB**

## **CODE OF CONDUCT**

**TERMINAL VELOCITY TRACK CLUB** is committed to providing a healthy performance-focused environment, conducive to the development of track and field athletes of all ages and abilities. The organization understands that a positive environment in which all members feel safe, comfortable and accepted is the most effective and fun way to experience the sport of Track and Field. Please note this **CODE OF CONDUCT** was developed in accordance with the Codes of all sanctioning bodies and associations of the Clubs, which may have their own code of conduct to which all members are also expected to adhere.

**TERMINAL VELOCITY** attire is mandatory at all practices & Track Meets. While participating in any activity or event that is associated with **TERMINAL VELOCITY TRACK CLUB**, all members including Athletes, Parents and Coaches are expected to adhere to the standards of behaviour outlined below.

### **Standards of Behaviour**

All members and or participants including Parents, Coaches and Athletes are expected to:

- Participate and commit to the training designed and presented by the coaching staff - **respect the decisions of the coaches.**
  - **Parents are NOT permitted in the direct vicinity of their child while training or competing.**
- ii. Behave in a sportsmanlike manner at all times observing the principles of fair play, honesty and adherence to the rules of competition.
- iii. Show proper care and regard for Club property and the property of others.
- iv. Treat all participants in sport with dignity and respect at all times, and particularly when there is a disagreement.
- v. Provide feedback to athletes/team mates and other participants in a caring manner that is sensitive to their needs, e.g., focus positive criticism on the performance rather than on the athlete.
- vi. Take appropriate measures to help those in need.
- vii. Refrain from the use of profanity, abusive language, disruptive and or bullying type behaviour.

Actions that are not in accordance with this code can result in temporary or permanent suspension in club membership;

I, \_\_\_\_\_ have read, understand and agree that abiding by the  
*Athlete's Name (please print)*

**above standards of behaviour is a requirement to participate in any and all club activities.**

\_\_\_\_\_  
**Athlete's Signature**

\_\_\_\_\_  
**Date (dd/mm/year)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date (dd/mm/year)**

# **TERMINAL VELOCITY TIGERS TRACK CLUB**

\*\*\*If you are applying for the Canadian Tire Jumpstart Program,  
Terminal Velocity Track Club information is provided in full (below)

**Address:** 49 Beachpoint Blvd  
Brampton Ont. L7A -2T7  
**Phone:** 647-680-3939 / 647-388-2907

**E-mail:** [TERMINALVELOCITYTRACK@hotmail.com](mailto:TERMINALVELOCITYTRACK@hotmail.com)

**Head Coach:** Chris Downs

**AN INITIAL DEPOSIT OF \$400 PER ATHLETE IS REQUIRED & SHOULD BE MADE PAYABLE TO:**

## **TERMINAL VELOCITY TRACK CLUB**

Once you apply to <http://www.canadiantirejumpstart.ca>

Please inform us of:

Your Submission # (provided to you at the end of your online application)

As well as, who the contact person is.

Without this information, the total remaining balance of the Registration Fee,  
is due.

I, \_\_\_\_\_, on this \_\_\_\_\_  
*Parent Guardian Signature (If athlete is under 18)* *Date (dd/mm/yyyy)*

Agree to a minimum bi-weekly payment of \$200 until the said Registration Fee  
is paid in full, pending payment from C.T. Jumpstart.

\_\_\_\_\_

Signature

# TERMINAL VELOCITY TIGERS TRACK

## CLUB

### Medical History Form

\_\_\_\_\_  
(Full Name)

\_\_\_\_\_  
(Today's Date dd/mm/yyyy)

Telephone #(s) : \_\_\_\_\_

\_\_\_\_\_  
(Date of Birth-dd/mm/yyyy)

\_\_\_\_\_  
(Age)

\_\_\_\_\_  
(Height)

\_\_\_\_\_  
(Weight -lbs)

In Case of Emergency Contact: \_\_\_\_\_  
Name & Relationship

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently under a doctor's care: Yes No

If yes, explain: \_\_\_\_\_

When was the last time you had a physical examination?

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking:

\_\_\_\_\_  
Have you been recently hospitalized? Yes No

If yes, explain: \_\_\_\_\_

Do you have Allergies of any kind? Yes No

Do you have Asthma? Yes No

Do you have any other medical information we should be made aware of?

**To the best of my knowledge, the above information is true.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Witness Signature

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

**ATHLETICS ONTARIO - POWER OF ATTORNEY for use in 2017**

**TO BE COMPLETED ONLY IF YOU WISH TO APPOINT A POWER OF ATTORNEY**

**(The Power of Attorney is used to allow you, the Donor (either athlete or parent/guardian of athlete), to appoint a person or persons to be your attorney and to sign Athletics Ontario entry forms, waivers, etc. on your behalf).**

**SUBMIT THIS FORM TO YOUR CLUB REGISTRAR**

**This Power of Attorney is given on the \_\_\_\_\_ (insert day) day of \_\_\_\_\_ (insert month), \_\_\_\_\_ (insert year) by \_\_\_\_\_ (Name of Donor) of the \_\_\_\_\_ (insert word Town, City, etc.) of \_\_\_\_\_ (insert Name of Town, City, etc.) in the \_\_\_\_\_ (insert word Municipality, Regional Municipality, etc.) of \_\_\_\_\_ (insert Name of Municipality, Regional Municipality, etc.).**

**I appoint \_\_\_\_\_ CHRIS DOWNS \_\_\_\_\_ (Attorney(s)) of the \_\_\_\_\_ CITY \_\_\_\_\_ (insert word, Town, City, etc.)**

**of \_\_\_\_\_ BRAMPTON \_\_\_\_\_ (insert Name of Town, City, etc.)**

**in the \_\_\_\_\_ (insert word Municipality, Regional Municipality, etc.)**

**of \_\_\_\_\_ PEEL REGION \_\_\_\_\_ (insert Name of Municipality, Regional Municipality, etc.)**

**(jointly, or jointly and severally,) to be my attorney(s) in accordance with the Powers of Attorney Act and to do on my behalf anything that I can lawfully do by an Attorney.**

**This power of attorney is subject to the following conditions and restrictions: This Power of Attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit me to participate in any event sponsored or sanctioned by Athletics Ontario during the 2017 calendar year commencing January 01 and ending on December 31 inclusive.**

I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL CLAIMS that I, my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED arising or to arise by reason of my participation in any Athletics Ontario sponsored or sanctioned event in the said 2014 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

**PARENT/GUARDIAN (FOR UNDER AGE ATHLETES - UNDER 18 YEARS OF AGE AS OF JANUARY 1, 2017):**

This power of attorney shall only apply to enable my said attorney(s) to execute such entry forms, waivers and other documents as may be required to permit \_\_\_\_\_ (insert name of athlete) Age \_\_\_\_\_ (insert age) of whom I am the \_\_\_\_\_ (insert either father, mother or legal guardian) to participate in any event sponsored or sanctioned by Athletics Ontario during the 2017 calendar year commencing January 01 and ending on December 31 (inclusive). I hereby acknowledge that by signing such entry forms, waivers and other documents that my attorney(s) may WAIVE ANY AND ALL

CLAIMS that the said \_\_\_\_\_ (insert name of athlete) or his/her or my heirs, executors, administrators, successors and assigns may have against Athletics Ontario and its respective agents, officials, employees, contractors, representatives, successors and assigns with regard to ANY demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to the said \_\_\_\_\_ (insert name of athlete), or to his/her property HOWSOEVER CAUSED arising or to arise by reason of said \_\_\_\_\_'s (insert name of athlete) participation in any Athletics Ontario sponsored or sanctioned event in the said 2017 calendar year, whether prior to, during or subsequent to any such event and NOTWITHSTANDING that same may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid.

**NOTE: SIGNATURE OF ATHLETE AND/OR PARENT/GUARDIAN VERIFIES THAT YOU HAVE READ AND AGREED TO THE ABOVE.**

\_\_\_\_\_  
**SIGNATURE OF ATHLETE (DONOR)**  
(If Donor is 18 or older)

\_\_\_\_\_  
**(SIGNATURE OF PARENT/GUARDIAN (DONOR))**  
(If Donor is under age 18)

**We are the witnesses to this Power of Attorney.**

We have signed this Power of Attorney in the presence of the person whose signature appears above, and in the presence of each other, on the date shown above.

**Neither one of us is the Attorney, a spouse or partner of the Attorney, a child of the Donor or person whom the Donor has demonstrated a settled intention to treat as a child of the Donor, or is less than eighteen (18) years old.**

Neither one of us has any reason to believe that the Donor is incapable of giving a Power of Attorney or making decisions in respect of which instructions are contained in this Power of Attorney.

\_\_\_\_\_  
(1st witness's Signature)

\_\_\_\_\_  
(2nd witness's Signature)

\_\_\_\_\_  
(Name of witness – please print)

\_\_\_\_\_  
(Name of witness – please print)

\_\_\_\_\_  
(Street Address) (Street Address)

\_\_\_\_\_  
(City, Province, Postal Code) (City, Province, Postal Code)

\_\_\_\_\_  
(Occupation)

\_\_\_\_\_  
(Occupation)

**TO BE BINDING, THIS POWER OF ATTORNEY FORM MUST BE FILLED IN CORRECTLY AND ENTIRELY**

