



## ONTARIO CEREBRAL PALSY SPORTS ASSOCIATION APPLICATION FOR MEMBERSHIP

Please complete the following information and return by mail to the address at the bottom of the form.  
Membership Period: **April 1 to March 31. Register online at [www.ocpsa.com](http://www.ocpsa.com).**

The OCPSA has three categories of membership:

**a) Active Member, \$20**

*Any individual who has been diagnosed with non-progressive brain damage with motor control dysfunction such as cerebral palsy, traumatic brain injury, stroke or meets the definition of eligibility as defined by the Cerebral Palsy International Sport and Recreation Association involved in boccia, swimming or athletics, and whose application for admission has been approved by the Board of Directors.*

**b) Associate Member, \$20**

*Any individual who is a volunteer, parent of an active member, coach, manager, athlete assistant, classifier or official, registered as such with the Corporation, whose application for admission has been approved by the Board of Directors.*

**c) Honorary Member, \$20**

*An individual or entity approved by majority vote of the Board of Directors.*

<input type="checkbox"/> Active Member	<input type="checkbox"/> Associate Member	<input type="checkbox"/> Honorary Member
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<input type="checkbox"/> Athlete Sport: _____	<input type="checkbox"/> Coach NCCP #: CC _____	<input type="checkbox"/> Official Sport: _____	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Athlete Support	<input type="checkbox"/> Parent	<input type="checkbox"/> Member of the Board	<input type="checkbox"/> Other _____

### PERSONAL INFORMATION

Name: _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone: Home ( ) _____	Business ( ) _____	Cell ( ) _____
Fax ( ) _____	E-mail: _____	
Date of Birth: _____	Aeroplan No.: _____	
Category: <input type="checkbox"/> Open (16 yrs & up)	<input type="checkbox"/> Junior (12-15 yrs)	<input type="checkbox"/> Bantam (11 yrs & under)

### HEALTH INFORMATION

Doctor's Name: _____	Phone Number: ( ) _____
Health Information &/or Special Considerations: _____ _____	

### EMERGENCY CONTACT

Emergency Contact Name: _____	Relationship: _____
Phone: Home ( ) _____	Business ( ) _____

**CLASSIFICATION**

Classification:	Date(s) Classified:	<input type="checkbox"/> Classification Needed
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**AREAS OF INTEREST**

<input type="checkbox"/> Track <input type="checkbox"/> Field	<input type="checkbox"/> Slalom	<input type="checkbox"/> Equestrian
<input type="checkbox"/> Soccer	<input type="checkbox"/> Cycling	<input type="checkbox"/> Golf
<input type="checkbox"/> Swimming	<input type="checkbox"/> Sledge Hockey	<input type="checkbox"/> Powerlifting
<input type="checkbox"/> Boccia	<input type="checkbox"/> Basketball	<input type="checkbox"/> Research
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Organizing Special Events	<input type="checkbox"/> Provincial Activities
<input type="checkbox"/> Regional Activities	<input type="checkbox"/> Publicity	<input type="checkbox"/> Massage / Physical Therapy
<input type="checkbox"/> Coaching	<input type="checkbox"/> Officiating	<input type="checkbox"/> Other _____

**DO YOU BELONG TO A SPORTS CLUB?**                       YES             NO

Club Name:	
Club Contact Name:	Phone:
Coach's Name:	Phone:

**UNIFORM SIZING**

T-Shirt: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	Shorts: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
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**ACCEPTANCE OF TERMS AND CONDITIONS**

<p>In consideration for the acceptance of my, my child/ward's, membership in the OCPSA, I, the participant and/or parent/guardian (if participant under 18 years of age) agrees as follows:</p> <ol style="list-style-type: none"> <li>1. To abide by the bylaws, policies, rules and regulations of the OCPSA.</li> <li>2. To accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.</li> <li>3. To accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.</li> <li>4. To authorize OCPSA the right to the collection and free use of my or my child/ward's images and athletic results for posting on the OCPSA website.</li> </ol>
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**ACKNOWLEDGMENT**

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Member's Signature:	Date:
Guardian's Signature: (If athlete is under 18 years of age)	Date:

Please return this application form with payment to:

**Ontario Cerebral Palsy Sports Association**  
**46 Antares Drive, Unit 7**  
**Nepean, ON**  
**K2E 7Z1**  
**(613) 723-1806 Fax (613) 723-6742**