



**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.**

*The OCPSA has one category of membership, **Regular Member, \$20***

- a) *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, or athletics, and whose application for admission has been approved by the Board of Directors or by any committee or individual delegated this authority by the Board.*
- b) *Any individual who is a volunteer, registered with the Corporation, whose application for admission has been approved by the Board of Directors or by any committee or individual delegated this authority by the Board.*

<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:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		
City:	Province:	Postal Code:
Phone: Home ()	Business ()	Cell ()
Fax ()	E-mail:	
Date of Birth:		
Category: <input type="checkbox"/> Open (16 yrs & up)	<input type="checkbox"/> Junior (12-15 yrs)	<input type="checkbox"/> Bantam (11 yrs & under)

HEALTH INFORMATION

Health Information &/or Special Considerations:

EMERGENCY CONTACT

Emergency Contact Name:	Phone:
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CLASSIFICATION

Classification:	Date(s) Classified:	<input type="checkbox"/> Classification Needed
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DO YOU BELONG TO A SPORTS CLUB?

YES NO

Club Name:

Coach's Name:

Phone:

PLEASE KEEP ME UPDATED ON OCPSA NEWS AND EVENTS!

YES NO

ACCEPTANCE OF TERMS AND CONDITIONS

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:

1. To adhere to all of OCPSA's procedures, policies, and code of conduct;
2. To adhere to OCPSA's Concussion Management and Return to Play Policy;
3. To accept sole responsibility for my or my child/ward's personal possessions and athletic equipment;
4. 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; and
5. 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.

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:

HELP US HELP YOU!

Help us build our capacity and infrastructure, strengthen and expand our core programs, and advance the health and wellness of children and adults within the cerebral palsy family throughout all stages of life. Together, we can define a future even more notable than our past.

Please enter your donation amount: \$_____

Tax receipts will be issued for all gifts over \$25.00

Please return this application form with payment to:

Ontario Cerebral Palsy Sports Association

PO Box 60082

Ottawa, ON

K1T 0K9

(613) 723-1806 Fax (613) 723-6742