

SAUGEEN TRACK AND FIELD CLUB

Box 2379 Port Elgin ON N0H 2C0

Renewal: _____

YEAR: _____

MEMBERSHIP APPLICATION

New member: _____

Name : _____

Birthday: (D/M/Y) _____

Street Address: _____

OTFA # _____

Mailing Address: _____

Health Card#: _____

Email: _____

Cell: _____

Postal code: _____ Tel: _____

Sex: Male: _____ Female: _____

Person to contact in emergency: _____

Tel. # _____

CIRCLE THE APPROPRIATE RESPONSE BELOW PERTAINING TO HEALTH

Allergies.....	Yes	No	Wears Medic Alert I.D. ....	.....	Yes	No
Wears glasses.....	Yes	No	Takes medication on regular basis.....	.....	Yes	No
Shatterproof lenses.....	Yes	No	Long-term bone or joint problem.....	.....	Yes	No
Contact lenses worn	Yes	No	Injuries requiring medical attention in past yr...	.....	Yes	No
Seizure disorder.....	Yes	No	Illness lasting more than one week in past yr...	.....	Yes	No
Surgery in past year.....	Yes	No	Hospitalized in past year.....	.....	Yes	No
Asthma.....	Yes	No	Heart Condition.....	.....	Yes	No
Diabetes.....	Yes	No	Any health problem that would interfere with	.....	Yes	No
Hearing Problems.....	Yes	No	participation in full physical activity.....	.....	Yes	No

If you answered "yes" to any of the above please give details and any information you feel may be helpful.

Date of last complete medical: _____ (Due to the level of training expected, annual medical is recommended)

THE PARTICIPANT IS RESPONSIBLE FOR HIS/HER OWN MEDICAL COVERAGE.

It is the responsibility of the applicant to assure himself/herself of being medically fit to enter into competition or other activities sponsored by the Saugeen Track and Field Club. In consideration of your accepting this membership application, I hereby for myself, my heirs, executors and administrators, waive and release all claims for damage I may have against the Saugeen Track and Field Club, its agents, successors, or members of my family named above, which may arise out of traveling to participating in, or returning from any training practice, athletic meet or other activity of the Saugeen Track and Field Club.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Office use only:

MEMBERSHIP STATUS: STFC: FM____ AM____ UM____ FTO____ RC____ JC____

ASS'N: OTFA____ OMA____ ORA____ MTA____ SDO____

Payment record: _____ Fundraising Cheques _____ STFC TALK _____