



MTA 2020

Brantford Track & Field Club

Registration Form



SPONSORED BY THE DUNSDON LEGION BRANCH 461

MTA # _____

ATHLETE NAME: _____ MALE/FEMALE _____
 ADDRESS : _____ BIRTHDATE (Year/Month/Day) _____
 POSTAL CODE: _____ TELEPHONE _____
 _____ TODAY'S DATE _____
 Email Address: _____ PARENT NAME _____

MEMBERSHIP FEE: (Check Box)

- Two week trial period only, then fees must be paid for insurance purposes**
Full Year (January to December) \$350.00
 Track and Field, Indoor **only** (Jan – March) \$125.00
 Track and Field, **Outdoor only** (April to August) \$175.00
Cross Country Only (Sept- November) \$125.00
 Non-Competitive , **Training Only Fee** \$175.00
(Can compete in Brantford hosted meets only)

Family Rate Discount: (Competitive Fee only) Two or more athletes 10%, Three or more %15

NOTE: Family Rate discount does not apply to Non-Competitive Athletes
 There will be no refunds.

<u>AGE CLASS</u>		(Check Box)
PEEWEE	In 2014 or earlier	<input type="checkbox"/>
MITE	2012-2013	<input type="checkbox"/>
TYKE	2010-2011	<input type="checkbox"/>
ATOM	2008-2009	<input type="checkbox"/>
MTA-SENIOR	2006-2007	<input type="checkbox"/>

Included in your Fee is an awards banquet ticket for 2021 and Competition singlet for full year competitive members

(Please Indicate your size)

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Non competitive members and single season members may purchase a singlet for \$35.00

Please Note: **The Club pays for Competitive members entry fee, Non-Competitive members CAN NOT compete at meets. travel,accommodation expenses are at the athlete's own expense**

Parents or Guardians Release (for Athletes under 18 years of age)

I hereby certify that I am parent/guardian of _____ and such child is to the best of my knowledge physically fit. I hereby for myself, my heirs, executors and administrators, release and forever discharge the Brantford Track and Field Club, its Director's, coaches and representatives from any responsibility for any injuries, cost resulting from training, competition or travel to said competitions or training

MEDICAL SERVICES AUTHORIZATION: In case of medical or hospital services being required by my child.

Health Card # _____, this child is allergic to _____
 I authorize the Doctor and or Hospital in Canada to administer necessary medical or surgical service including anesthesia and drugs.

 Signature of Parent/Guardian

 Address, City

 Date



BRANTFORD TRACK AND FIELD CLUB

I, the undersigned, grant to The Brantford Track and Field Club, it's coaches , and administrators, permission to use images of me photographed or video recorded, during the 2019 season, for purposes of display, ceremonies, publication and digital representation and other purposes in relation to the promotion of The Brantford Track and Field Club. I also give consent for the free use of my name and/or picture/video in any broadcast, social media, Brantford Track and Field Club website, telecast or other account of the above 2019 season.

Name of Athlete (please print)

Signature of Athlete

Date

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date