



# Membership Registration Form

September 1, 2018 to August 31, 2019

Email: [info@albertadeafsports.ca](mailto:info@albertadeafsports.ca)

## MEMBERSHIP APPLICATION

Name:

Address:

City, Province:

Postal Code:

E-mail Address:

**Anti-Spam Law:** Do you want to subscribe to ADSA Newsletter and any other info about Deaf events through email? Yes  No

<input type="checkbox"/>	Adult	\$25.00	x		= \$
<input type="checkbox"/>	Associate	\$25.00	x		= \$
<input type="checkbox"/>	Seniors (55+) or Student (Student ID is required)	\$15.00	x		= \$
<input type="checkbox"/>	Family for Parent/Guardian with Deaf or Hard of Hearing children	\$15.00	x		= \$
Total					\$

## CODE OF CONDUCT

- Respect the property of the Alberta School for the Deaf (ASD) and ADSA sponsored event locations. Vandalism is not tolerated.
- No alcohol and illegal drug substance shall be consumed by athletes/participants.
- Harassment in any form is not to be tolerated.
- Represent your team as goodwill ambassadors, with dignity, personal integrity and within the spirit of good sportsmanship at all times both in and out of competition.
- Set a positive example for their athletes by compliance with all policies, rules and standard of conduct.
- Show respect for referees/Technical officials' decisions and individuals from the Host community including staff, volunteers, spectators, local business personnel, etc.

## WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

**Liability Waiver and Release:** In consideration of acceptance of my participation in the Alberta Deaf Sports Association sponsored events, I waive any and all claims I may have against, and release from all liability, and agree not to sue Alberta Deaf Sports Association on and their respective directors, officers, officials, servants, agents, sponsors, employees, and volunteers for any personal injury, death, property damage or loss sustained by me as a result of my attendance at and participation in the Alberta Deaf Sports Association arising out of any cause whatsoever including without limitation negligence or breach of statutory duty. In addition, I grant permission to administer any medical treatment that may be required.

I agree to indemnify and hold harmless Alberta Deaf Sports Association from any and all third party claims, demands, actions or costs (including legal costs on a solicitor-client basis) for which I am legally responsible arising out of or in consequence of my attendance and participation in the Alberta Deaf Sports Association sponsored events.

In entering into the Release, I am not relying on any oral or written representations or statements made by Alberta Deaf Sports Association, including those in any brochures issued to induce me to take part in the Alberta Deaf Sports Association sponsored events.

**Risk:** I, the undersigned understand and acknowledge that participation in the Alberta Deaf Sports Association sport events, and/or playoffs might result in personal injury, property damage or loss, and possible death. I fully understand these risks and hereby agree to participate in the Alberta Deaf Sports Association sponsored events and/or playoffs voluntarily and at my own risk. I further state that I am in proper physical condition to participate in these sport events.

**Rules:** I understand that the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules and regulations set down by Alberta Deaf Sports Association.

**Code of Conduct:** I have read, understand, and agree to abide by the Code of Conduct while traveling to, participating in, and returning Alberta Deaf Sports Association sponsored events and/or playoffs. I understand that if I do not abide by this Code of Conduct, disciplinary sanctions may be imposed against me by the Alberta Deaf Sports Association Discipline Committee.

**Media Release:** I give my permission for the free use of my name and picture in newsletter, broadcast, telecast or written accounts of the Alberta Deaf Sports Association sponsored events.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
(if under the age of 18)

Please make e-transfer to [info@albertadeafsports.ca](mailto:info@albertadeafsports.ca), cheque or money order payable to  
**Alberta Deaf Sports Association** and mail or drop-off to:  
Alberta Deaf Sports Association, #205, 11404-142 Street, Edmonton, Alberta T5M 1V1