



# Georgian Bay Coyotes Track Club



## Registration Documents Checklist

Please ensure that all documents are completed and signed fully.  
Incomplete forms will be returned.

- Georgian Bay Coyotes Registration Form
- Georgian Bay Coyotes Rules & Code of Conduct
- Georgian Bay Coyotes Informed Consent & Assumption of Risk Agreement
- Georgian Bay Coyotes Power of Attorney & Photograph Consent
- Georgian Bay Coyotes Health & Emergency Contact Information



# Georgian Bay Coyotes Track Club



## 2021 Registration Form

- MTA Mite (Born 2013)
  MTA Tyke (Born 2011 / 2012)  
 MTA Atom (Born 2009 / 2010)
  MTA Senior (Born 2007 / 2008)  
 MTA Intermediate (Born (2005 / 2006))

### Membership Fees:

- Membership Fees for Full Year 2021 will be \$150.00. Membership Fee for Cross-Country only will be \$100
- The above fees include an orange short-sleeve team t-shirt, Provincial Association Fees as well as MTA meet entry fees, and covers membership from January 1 to December 31, 2021.
- New members must purchase an Orange team jacket along with membership.

### All fees are final and non-refundable.

- For 2021 only, if no meets can safely be attended a portion of the 2021 membership fee will be refunded.

In consideration of your acceptance of this registration, we, the undersigned, do waive and release any and all rights and claims for damages that may occur, for any injury suffered by the Registrant in any Club activity.

- Athletes must also advise the club of any activity, such as another sport, activity or job which might interfere with his/her full participation in the Club's training and competition schedules.
- Failure to attend or complete regular practices will make the athlete ineligible to compete in club meets.
- Failure to attend regular practices may result in an athlete not being considered for sign up the following season.

Athlete Name: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
 Athlete Email: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_  
 Athlete Signature: \_\_\_\_\_  
 Parent(s) Name: \_\_\_\_\_  
 Parent(s) Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Coyote Fall XC Race:

All Athletes and their families will be expected to volunteer and participate in the Annual Coyote Fall Cross-Country race organized by the club on the last weekend in September.



# Georgian Bay Coyotes Track Club



## Rules & Code of Conduct

By signing below, I acknowledge that I understand and fully consent to the following: GBCTC being further known as the "Georgian Bay Coyotes Track Club"

1. I hereby release GBCTC and all other associated individuals charged by GBCTC, and sanctioning bodies from any legal action arising from injury or death.
2. I acknowledge that I must complete and submit all items required by GBCTC for my registration to be processed.
3. I understand that for ethical reasons, I cannot train under a coach affiliated with another registered AO (Athletics Ontario) or MTA (Minor Track Association) Club unless I have permission from the Head Coach.
4. I understand that the minimum age for membership with GBCTC is 7 years old.
5. I agree to arrive on time for workouts.
6. I understand that Membership Dues are non-negotiable and non-refundable.
7. I understand that Membership Dues and other fees must be current before I can participate in any training.
8. I understand that the GBCTC uniform consists of an orange jacket and an orange short sleeve t-shirt or racing singlet and that all members are expected to have at least these items, however there are many additional items available.
9. I agree that I must wear GBCTC apparel to all practices, races and team events.
10. I understand that when I participate at a GBCTC sponsored event or competition I must participate in approved GBCTC apparel.
11. I understand that approved GBCTC apparel is apparel purchased through GBCTC and is primarily orange in colour. Primarily black GBCTC apparel can be worn outside of events or competition.
12. I agree that I must register for track meets under GBCTC if I am not expected to participate for my school.
13. I agree that I will be allowed to participate in a maximum of 3 individual events for a Minor Track aged athlete during a 2 day track and field meet at the discretion of the GBCTC Head Coach. GBCTC will pay for a maximum of 2 events.
14. I understand I can be refused to compete based on my lack of readiness to compete at the discretion of the GBCTC Head Coach.
15. I agree that additional expenses not subsidized by GBCTC are my responsibility.
16. I will be active in volunteerism opportunities provided by GBCTC.
17. I will maintain respectful and professional lines of communication with GBCTC Coaches and Administration.
18. A high level of maturity is expected at all times. I understand there will be no swearing, foul language, destroying of property, fighting, alcohol, smoking or drugs permitted at any time. This includes, but is not limited to training sessions, race events and team gatherings.
19. I agree that I will never question the authority or decision of a race official or an event director. If I have any questions or concerns I will ask the coaching staff to address those concerns in a professional manner.
20. I understand that my membership with GBCTC will be suspended if I engage in activities and/or behavior unbecoming of a GBCTC member and role model, and/or activities that jeopardize the safety and/or credibility of the organization and its members.
21. I will show pride in the GBCTC program and will assist in forwarding its goals the best way I know how so that others will have access to the same opportunities.
22. I agree to abide by the rules and regulations set forth by Athletic Canada, Athletics Ontario, Minor Track Association, and GBCTC, as well as, conducting myself in a respectable manner when representing GBCTC.
23. I acknowledge that I have read and agree to all fees, entitlements, and restrictions outlined by GBCTC.
24. All of the information I have provided in this package to GBCTC is true to my knowledge, and any purposely omitted or false information will result in my exclusion from the Program.

\_\_\_\_\_  
Athlete Name (Print)

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Georgian Bay Coyotes Track Club



## Informed Consent and Assumption of Risk Agreement

To be executed by Participants under the Age of Majority.

**WARNING! By signing this document you will assume certain risks and responsibilities. Please read carefully.**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. This is a binding legal agreement. Clarify any questions or concerns before signing. In consideration of the opportunity to participate as a Participant in the spectating, orientation, instruction, training, participation in the sport of athletics, related athletics disciplines, activities, programs, travel to and from competitive events and associated non-competitive events, including the services of and offered (the "Activities") by Athletics Ontario (AO) and Minor Track Association (MTA) its respective, directors, officers, committee members, members, employees, coaches, volunteers, officials, participants, agents, sponsors, owners/operators of the facilities in which the Activities take place, and representatives (collectively the "Organization") the undersigned, being the Participant and the Participant's Parent/Guardian (collectively the "Parties"), acknowledges and agrees to the following terms:

### Description of Risks

2. The Participant understands and acknowledges the following risks dangers and hazards (the "Risks") of the Activities and related disciplines which include without limitation:
  - a. Strenuous and demanding physical exertion, strenuous cardiovascular workouts, rapid movements, exertion and tension on various muscle groups which may cause serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the Participant's body or the Participant's general health and well being.
  - b. Concussion or other related head injuries including but not limited to closed head injury or blunt head trauma.
  - c. Loss of or damage to equipment/property.
  - d. Exposure to extreme conditions and circumstances.
  - e. Contact with other participants, officials, administrators, spectators, or other natural or manmade objects, dangers arising from adverse weather conditions, imperfect field of play conditions, equipment failure or malfunction, inadequate safety measures and participants of varying skill levels.
3. The Activities have foreseeable and unforeseeable inherent risks, hazards and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, sickness, disease, contagion including but not limited to COVID-19, permanent disability, paralysis, loss of life.
4. The Organization may offer or promote online programming (such as webinars, remote conferences, workshops, and online training) which have different foreseeable and unforeseeable risks than in-person programming.
5. The Participant understands that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in or present during the Activities, or the negligent acts or omissions of the Organization.

I have read and agree to be bound by paragraphs 1-5 (Yes)

### Terms and Attestation

6. The Participant attests, acknowledges and agrees:
  - a. That the Participant is in good physical and mental condition to participate in the Activities.
  - b. The Participant will comply with the rules and regulations for participation in the Activities including those that are a condition of use of the facility or venue in which the Activities occur.

- c. The Participant will comply with all rules and regulations of the Organization, Dominion of Canada, Province of Ontario and Public Health concerning matters of health and safety and specifically as they relate to COVID-19 or such other communicable disease or contagion.
- d. If the Participant observes a significant hazard or risk, the Participant will remove themselves from participation in the Activities and report the hazard or risk to the attention of an Organization representative immediately.
- e. That the Organization does not undertake to provide health, accident, disability, hospitalization, personal property or other insurance for the Participant
- f. When the Participant practices or trains in the Participant's own space, the Participant is responsible for the surroundings and the location and equipment that the Participant selects.
- g. That it is the Participant's sole responsibility to assess whether any Activities are too difficult for the Participant. By the Participant commencing an Activity, they acknowledge and accept the suitability and conditions of the Activity; and
- h. That they are responsible for the choice of the Participant's safety equipment, if required or recommended, and the secure fitting of the safety equipment.

I have read and agree to be bound by paragraphs 6 (Yes)

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**Release of Liability**

- 7. The Participant hereby expressly assumes all such Risks and responsibility for any damages, liabilities, losses including loss of income, expenses, or related loss which they incur as a result of the Participant's participation in the Activities.
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**Jurisdiction**

- 8. The Parties agree that in the event that they file a lawsuit against the Organization, they agree to do so solely in the Province of Ontario, Canada and they further agree that the substantive law of the Province of Ontario will apply without regard to conflict of law rules.
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**Severability**

- 9. The Participant further agrees that if any portion of this agreement is found to be void or unenforceable the remaining sections of the document shall remain in full force and effect.

I have read and agree to be bound by paragraphs 7-9 (Yes)

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**Acknowledgement**

- 10. The Participant acknowledges that they have read this Agreement and understand it, that they have executed this Agreement voluntarily, and that this Agreement is to be binding upon themselves, their heirs, their spouses, parents, guardians, next of kin, executors, administrators and legal or personal representatives. The Participant further acknowledge by signing this Agreement they have waived the right to maintain a lawsuit against the Organization on the basis of any claims from which they have released herein.
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Signature of Participant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Georgian Bay Coyotes Track Club



## Power of Attorney and Photograph Consent

This Power of Attorney is given on this \_\_\_\_\_ day of \_\_\_\_\_ [month] of \_\_\_\_\_ [year]  
by \_\_\_\_\_ [name of parent / guardian] on behalf of \_\_\_\_\_ [name of athlete].

I hereby appoint Steven Leary to be my attorney and to do the following on my behalf as parent/guardian  
of \_\_\_\_\_ [name of athlete].

This power of attorney shall only enable my said attorney to execute such forms waivers and other documents as  
may be required to permit \_\_\_\_\_ [name of athlete] to participate in any track and  
field event attended by the Georgian Bay Coyotes. I understand that these forms, waivers and other documents may  
waive any and all claims that I, \_\_\_\_\_ [name of athlete] their heirs, spouses, parents,  
guardians, next of kin, executors, administrators and legal or personal representatives may have for any death,  
losses or injuries to any person or property howsoever caused, notwithstanding that the same may have been  
contributed to or occasioned by the negligence of any of the aforesaid.

I hereby permit photographs or other images of the above named athlete to be used by the Georgian Bay Coyotes  
Track Club for promotional purposes including on its website.

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Georgian Bay Coyotes Track Club



## Health and Emergency Contact Information

Athlete Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Father / Guardian's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother / Guardian's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Allergies (Food, Environmental and Medication) \_\_\_\_\_

List Current Medications \_\_\_\_\_

Special situations or information that may be relevant to the athlete's health \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Health Card Number (with Version Code) \_\_\_\_\_

### Consent to seek medical attention

I will notify the Georgian Bay Coyotes Track Club of any changes in my child's medical condition or health history. If the emergency contact person identified in this form cannot be reached and my child has an injury, accident or falls ill, I hereby authorize the Georgian Bay Coyotes Track Club to provide my child with, or make arrangements for emergency medical treatment.

Signature of Athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (if under age of 18) \_\_\_\_\_ Date \_\_\_\_\_