



Alberta Luge Association
#201 BNTC, 88 Canada Olympic Rd S.W
Calgary, Alberta T3B-5R5
admin@albertaluge.com

Family Membership Application 2019-20

Information must be filled out for **Insurance Purposes** for Athletes, Officials, and Volunteers
Athletes under the age of 16 **must** be part of a family membership, which includes at least one parent or legal guardian.

| | | | |
|---|------------------------------------|---------------------------------|-------------------------------|
| Last Name: | | First Name: | |
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Volunteer | | |
| <input type="checkbox"/> Athlete Family | <input type="checkbox"/> Official | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Address: | | City: | Prov: P. Code: |
| Home/Work: () | | Cell: () | |
| Email: | | | |
| Date of Birth (dd/mm/yyyy): | | Health Care # (Sliders Only): | |

| | | | |
|---|------------------------------------|---------------------------------|-------------------------------|
| Spouse Last Name: | | First Name: | |
| <input type="checkbox"/> Athlete | <input type="checkbox"/> Volunteer | | |
| <input type="checkbox"/> Athlete Family | <input type="checkbox"/> Official | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| Email: | | | |
| Date of Birth (dd/mm/yyyy): | | Health Care # (Sliders Only): | |

Athletes & Children under 16 years of age:

| First Name | Last Name (If different from above) | Address (if different from above) | Gender | Type of Member | Date of Birth (dd/mm/yyyy) | Health Care # (Sliders only) |
|------------|--|--------------------------------------|--|---|-------------------------------|---------------------------------|
| | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Athlete <input type="checkbox"/> Family | | |
| | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Athlete <input type="checkbox"/> Family | | |
| | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Athlete <input type="checkbox"/> Family | | |
| | | | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Athlete <input type="checkbox"/> Family | | |

Initial _____
I consent to receive emails from ALA regarding club meetings, schedules, races, general information and upcoming events. I understand that I can unsubscribe from this mailing list at any time by emailing admin@albertaluge.com with "UNSUBSCRIBE" in the subject line. **IMPORTANT: E-mail is a primary form of communication - Please initial with your agreement** (and provide a legible email address above) which will allow us to communicate directly with members regarding programming and services.

Initial _____
I consent to having my personal information shared with the Canadian Luge Association ("CLA") for the purposes of maintaining a roster of Registered Participants in the luge program in Canada. Any information shared with CLA will be managed under the authority of the Freedom of Information and Protection of Privacy Act as applicable in Alberta.

Membership expires April 30th each year



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Waivers:

Initial "In consideration of my involvement with the Alberta Luge Association and its members, I hereby indemnify and save harmless the Alberta Luge Association and any members thereof from all claims of every nature and cause however caused, which may arise from my membership in or involvement with the Alberta Luge Association."

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Media Release:

Initial I hereby agree to release names and images for myself or my family members who are members of the Alberta Luge Association for promotional purposes. This may include the publication of race/training times and photos on the Alberta Luge Association website and promotional material

Privacy Act:

This information is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act. It is required to register you into the program and will only used to contact you regarding facilities, services and other programs. Medical information will only be used in a medical emergency.

Applicant: I have read and understand the above Waiver & Privacy Act statements
***For those 18 and under, a Parent/Guardian must sign.**

(Please Sign): _____ **Date:** _____

Alberta Luge Association Membership Fees:

\$35.00 Fee covers all athletes, parents, officials, volunteers and all siblings listed on this membership form.

Payment:

☐ Cheque payable to Alberta Luge Association ☐ Interact e-Transfer to admin@albertaluge.com

Payment can be dropped off or mailed to the ALA office (#201 BNTC, 88 Canada Olympic Rd S.W Calgary Alberta, T3B-5R5)

For Official Use Only

ALA Individual Members:

CLA Registered Participants^:

^ A Registered Participant is any "Individual" who is an athlete, parent, coach, official, administrator who is registered with a Luge Club and/or Provincial Member, and/or the Association, whose main objective is participation in Luge.

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