



ONTARIO TABLE TENNIS ASSOCIATION

OTTA MEMBERSHIP REGISTRATION FORM

For Renewal and New Registration for a One Year Term

Instructions

- 1) Membership form must be completed in FULL (**ALL 3 PAGES PLEASE!!!**) as it is a legal requirement.
- 2) Payable by cash or cheque (**Do Not Mail Cash!!!**)
- 3) Please forward to: **OTTA - Membership**, 381 Becker Road, Richmond Hill, ON L4C 2S3 e-mail: otta@ottacanada.com

Member Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Day Phone: () _____ Evening Phone: () _____

Fax Number: _____ E-mail Address: _____

Birth Date: _____ Sex: _____

Occupation: _____ CTTA RTG: _____ OTTA #: _____

Club: _____ Membership Status: New Member Renewal

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Membership Categories

Membership 2009	Price	Quantity	Total
Adult Membership	\$30.00		
Junior (Born on or after January 1, 1991) OR Adult over 60 years	\$15.00		
Single Tournament	\$10.00		
Novice Junior	\$5.00		
	TOTAL		
Payment Cheque <input type="checkbox"/> Cash <input type="checkbox"/>			



ONTARIO TABLE TENNIS ASSOCIATION

MEMBERSHIP REGISTRATION (Page 2)

Consent for Use of Personal Information

I understand the Ontario Table Tennis Association gathers personal information about each of its participants, including name, address, email, telephone number, sex, age, occupation and date of birth. This information is used for the purposes of communications from the Ontario Table Tennis Association, ensuring that each participant competes in the appropriate age group, that their name will be listed in that age group in the results which are posted on Ontario Table Tennis Association's website and determining demographics and market trends. Occupation is collected to target expertise and experience in members which could aid the Ontario Table Tennis Association. The information is also used by the Sport Canada and the Canadian Table Tennis Association for annual demographic reporting and to communicate with participants about table tennis programs, events and activities. The Ontario Table Tennis Association also requests medical information and emergency contact info to use in case of a medical emergency.

I understand that the Ontario Table Tennis Association has the right to take photographs, videotape, or digital recordings of me and to use these in any and all media. I am aware that by giving this consent, I am permitting my name and performance results to be posted on the Ontario Table Tennis Association's website and publications, which can be viewed by anyone who accesses Ontario Table Tennis Association's website or publications. I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting Ontario Table Tennis Association.

I hereby consent to the use of my personal information for the above purposes. (Initial) _____

Acceptance of Terms and Conditions

In consideration of the acceptance of my membership in the Ontario Table Tennis Association, I agree as follows:

1. I will comply with all the rules and regulations of the Ontario Table Tennis Association.
2. I am aware of the Ontario Table Tennis Association bylaws and policies which can be reviewed by contacting an Executive member and agree to be bound by them.
3. I have sole responsibility for my personal possessions and athletic equipment.
- 4. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.**
5. I, the participant and parent/guardian if under 18, accept liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.

I hereby accept the terms and conditions as described above. (Initial) _____

Acknowledgement

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Name of Participant

Signature of Participant

Witness

Date dd-mm-yyyy

Signature of Parent /Guardian (if under 18)

Witness

Date dd-mm-yyyy

Office Use Only

Member Number: _____ New Member _____ Renewal _____ Date Rec'd _____

Receiver (Init.) _____ App. By _____ Card _____ Computer Input _____ Region _____ Category _____

ONTARIO TABLE TENNIS ASSOCIATION

Participant's Agreement

Name of Participant: _____ Age (If under 18) _____

ALL SPORT, INCLUDING TABLE TENNIS, HAS ITS RISKS

I participate in the sport of table tennis because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to table tennis. The risks and hazards of table tennis include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in table tennis;
• Injuries from dryland training including weights and running,
• Injuries from colliding with the table tennis table;
• Injuries from being struck by table tennis balls and paddles;
• Injuries from physical contact with other participants;
• Injuries from strenuous cardiovascular workouts;
• Injuries from exerting and stretching various muscle groups; and
• Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in table tennis can be severe;
• That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
• That I may experience anxiety while challenging myself during the activities;
• That my risk of injury is reduced if I follow all rules adopted during training; and
• That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in table tennis as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Ontario Table Tennis Association, its directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Participant

Signature of Participant

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date dd-mm-yyyy

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, parent/legal guardian of _____, give permission to the officials and coaches of the Ontario Table Tennis Association to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of the Ontario Table Tennis Association will make every reasonable effort, in the circumstances, to contact me at _____ regarding my child's/ward's medical status in the event an emergency arises. In the event that I cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of the Ontario Table Tennis Association.

Dated: _____, 2009 Parent/Guardian signature

Table with 2 rows and 6 columns: Office Use Only, Member Number, New Member, Renewal, Date Rec'd, Receiver (Init.), App. By, Card, Computer Input, Region, Category

ONTARIO TABLE TENNIS ASSOCIATION

WAIVER AND RELEASE OF LIABILITY

By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of the Ontario Table Tennis Association, the undersigned acknowledges and agrees to the following terms.

Disclaimer

Ontario Table Tennis Association, its directors, officers, members, employees, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to table tennis. The risks and hazards of table tennis include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in table tennis;
• Injuries from dryland training including weights and running,
• Injuries from colliding with the table tennis table;
• Injuries from being struck by table tennis balls and paddles;
• Injuries from physical contact with other participants;
• Injuries from strenuous cardiovascular workouts;
• Injuries from exerting and stretching various muscle groups; and
• Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in table tennis can be severe;
• That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
• That I may experience anxiety while challenging myself during the activities;
• That my risk of injury is reduced if I follow all rules adopted during training; and
• That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant

Date dd-mm-yyyy

Signature of Participant

Witness

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, give permission to the officials and coaches of the Ontario Table Tennis Association to make decisions concerning my medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of the Ontario Table Tennis Association will make every reasonable effort, in the circumstances, to contact _____ at _____ regarding my medical status in the event an emergency arises. In the event that _____ cannot be reached in an emergency I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for myself and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of the Ontario Table Tennis Association.

Dated: _____, 2009

Signature