

**MANITOBA WEIGHTLIFTING ASSOCIATION (MWA)**  
**MEMBERSHIP REGISTRATION FORM**  
Please Print Clearly

Name: \_\_\_\_\_ Male: [ ] Female: [ ]

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Club: \_\_\_\_\_  
Month Day Year

**NOTE: New Members (not registered with the MWA in the 2008/09 training season) may register at any date and are not assessed a late fee.** Any new members who register after June 30<sup>th</sup> will have their registrations carried over until the new competitive year. **Please mark an X beside the category you are registering for:**

\_\_\_\_\_ **Athletes** – Eligible to compete in MWA sanctioned competitions, work at bingos, qualify for out of province competitions and funding and train at the University of Manitoba. Fee includes: registration, equipment maintenance/replacement, facility rental and insurance

**Fee on or before September 30<sup>th</sup> \$100.00** \_\_\_\_\_ **Fee on or after October 1<sup>st</sup> \$150.00** \_\_\_\_\_

\_\_\_\_\_ **Athletes** – Eligible to compete in MWA sanctioned competitions, work at bingos, qualify for out of province competitions and funding and train **outside** of the University of Manitoba. Fee includes: registration, equipment maintenance/replacement and insurance

**Fee on or before September 30<sup>th</sup> \$90.00** \_\_\_\_\_ **Fee on or after October 1<sup>st</sup> \$140.00** \_\_\_\_\_

**Family Rate**

\_\_\_\_\_ **2 Athletes \$150.00**      \_\_\_\_\_ **3 Athletes \$250.00**      \_\_\_\_\_ **4 Athletes or More \$350.00**

\_\_\_\_\_ **Associate Member (please check appropriate category(s))**

**Coach** \_\_\_\_\_ **NCCP Level** \_\_\_\_\_  
**Official** \_\_\_\_\_ **Level of Certification** \_\_\_\_\_  
**Club Executive Member** \_\_\_\_\_

- Fee waived for all current active club coaches and officials (must volunteer at least one competition)

**PAYMENT OPTIONS:** \_\_\_\_\_ **CASH**      \_\_\_\_\_ **CHEQUE**      \_\_\_\_\_ **BINGO CREDIT**

**MEDICAL INFORMATION:** (mandatory for competitive members)

Manitoba Health Registration #: \_\_\_\_\_ Personal Health I.D. Number: \_\_\_\_\_

Medical conditions, Allergies, Prescriptions: \_\_\_\_\_

**WAIVER:**

In consideration of my membership registration being accepted, I, intending to be legally bound, do hereby myself, my heirs, my executors and administrators, waive, release and forever discharge all rights and claims for damage, which may hereafter occur to me, against the MWA and their successors and/or assigns of any of those associations for any and all damages which may be sustained and suffered by me in connection with my participation in the MWA program and events. I also acknowledge that the MWA is not responsible for personal articles lost, damaged or stolen from MWA training/competition venues/events.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18 years old)

**PRIVACY POLICY**

Personal information collected by the MWA will be retained and used for the purposes that include communicating about MWA programs, events and activities.

I understand that by becoming a member of the MWA I am giving my consent for the MWA using my information and photograph. I also understand that any photograph's taken may be used for the MWA published materials and website.

I understand that, by completing this Form, the MWA is collecting certain personal information about my child, me and other members of my family. I also understand that this personal information will be used only for the purpose of registering in the Association Programs, and that such use will necessarily involve the disclosure of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), coach(es) and manager(s), and the use of such disclosed personal information by such association(s), group(s), coach(es) and manager(s) as may be reasonably be required in order to conduct the Association's programs. I hereby consent to such collection, use and disclosure of this personal information.

I give permission for the MWA to utilize the above listed information for communication purposes relating to the MWA or appropriate sport umbrella group activities.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18 years old)

\_\_\_\_\_ **Yes** I would like to receive regular updates, competition information and all other pertinent information by email.

\_\_\_\_\_ **No** I would not like to receive regular updates, competition information and all other pertinent information by email.

**NOTE: Membership expires on September 30<sup>th</sup> of each year.**

**You must have a current membership to participate in the MWA programs and events.**