



Alberta Sports & Recreation
Association for the Blind

Membership Application

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business / Cell Phone: _____

Email: _____ Date of Birth: _____

Vision: ___ Visually Impaired ___ Sighted

If Visually Impaired: Are you totally blind? yes no

Can you read large print? yes no

Can you read regular print? yes no

CNIB Number: _____

Medical Information / Allergies: _____

Emergency Contacts: *(please list two if possible)*

Name: _____ Relationship: _____

Home Phone: _____ Business / Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Business / Cell Phone: _____

ASRAB Involvement: *(please indicate all that apply)*

___ Athlete	___ Coach/Official	___ Recreation Participation	___ Volunteer	___ Clinics or Workshops
___ Goalball	___ Goalball			
___ Lawn Bowling	___ Lawn Bowling			
___ Tandem Cycling	___ Tandem Cycling			
___ Powerlifting	___ Powerlifting			
___ Swimming	___ Swimming			
___ Athletics	___ Athletics			
___ Other:	___ Other			
	Level _____			___ Other

Notice of Risk and Release of Liability

I understand, appreciate and recognize that there are inherent elements of risk in the activities of the Alberta Sports and Recreation Association for the Blind (ASRAB). Knowing of the inherent risks involved in the activities, I certify that I will not participate in any activity unless I am fully capable of participating in it. I understand that every care and attention will be given to my health and safety, but I will not hold ASRAB liable for any injuries sustained which were not intentionally and directly caused by ASRAB.

I agree to abide by the rules and regulations imposed on me as a member of ASRAB. I agree to be liable for any damages to anyone caused by any failure of mine to comply with the rules and regulations.

I hereby authorize ASRAB to secure such medical advice and services as may be deemed necessary for my health and safety.

I hereby give ASRAB permission to take photographs/videos of me during my participation in ASRAB activities and to use these for promotional and educational purposes.

I hereby release The Alberta Sports and Recreation Association for the Blind (ASRAB), its officers, directors, members, employees and volunteers from any and all claims for injury, illness or damage to persons or properties during the course of my involvement or participation in any or all ASRAB activities, events or competitions. In this regard, I hereby covenant not to file a claim or initiate a lawsuit with respect to any injury, damage or death for the duration of my membership in ASRAB.

I understand that as a member of the Alberta Sports and Recreation Association for the Blind (ASRAB) my personal information will be shared with the Canadian Blind Sports Association (CBSA) but that personal information will not be shared with other organizations without my written permission.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on me for the duration of my membership in ASRAB, until such time as I do not renew my membership in ASRAB.

Signature: _____ Date: _____

Note: The applicant must sign this form if the applicant is over 18 years of age. The legal guardian of the applicant must sign this form if the applicant is under 18 years of age.