

# Volunteer Membership Application 2024-25 Information must be filled out for Insurance Purposes.

Last Name:	First Name:	First Name:		
Athlete Volunteer				
Athlete Family Official	Female 🗆 Male 🗆 Non-I	Female      Male      Non-Binary / Other		
			Postal	
Address:	City:	Pro	Code:	
Home/Work:	Cell:			
Email:	_			
Date of Birth (dd/mm/yyyy):	Health Care # (Sliders Only):_	Health Care # (Sliders Only):		
Γ	I			
Spouse Last Name:	First Name:	First Name:		
□ Athlete □ Volunteer □ Athlete Family □ Official	🗆 Female 🗖 Male 🗆 Non-	Female  Male  Non-Binary / Other		
Email:				
Date of Birth (dd/mm/yyyy):	_ Health Care # (Sliders Only):			
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. <i>IMPORTANT: E-mail is a primary form of communication - Please initial with your agreement</i> (and provide a legible email address above) which will allow us to communicate directly with members regarding programming and services.         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.         Waivers:				
Initial hereby indemnify and save harr from all claims of every nature a membership in or involvement I understand and agree that this actions, omissions or negligence a Covid-19 infection occurs befor "In consideration of my involvement indemnify and save harmless the Ca	ment with the Alberta Luge Asso nless the Alberta Luge Associatio and cause however caused, whic with the Alberta Luge Association s release and waiver includes any e of ALA, its employees, agents a ore, during, or after participation with the Canadian Luge Association anadian Luge Association and any m caused, which may arise from my m "	n and any mem h may arise from n." r Claims based o nd representation in any ALA prog and its members embers thereof fi	bers thereof m my on the ves, whether gram a, I hereby rom all claims	

#### Media Release:

I hereby agree to release names and images for myself or my family members who are members of the Alberta Luge



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

Association for promotional purposes. This may include the publication of race/training times and photos on the Alberta Luge Association website and promotional material

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## 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.			