



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

Volunteer Membership Application 2021-22

Information must be filled out for **Insurance Purposes** for Coaches.

Last Name _____	First Name: _____		
<input type="checkbox"/> Athlete <input type="checkbox"/> Volunteer <input type="checkbox"/> Coach <input type="checkbox"/> Official	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Address: _____	City: _____	PRO : _____	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): _____	

_____ 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.

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."

I understand and agree that this release and waiver includes any Claims based on the actions, omissions or negligence of ALA, its employees, agents and representatives, whether a Covid-19 infection occurs before, during, or after participation in any ALA program

_____ Initial
 "In consideration of my involvement with the Canadian Luge Association and its members, I hereby indemnify and save harmless the Canadian 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 Canadian Luge Association."

Membership expires April 30th each year



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Media Release:

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

_____ Initial

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:** _____

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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