



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

Affiliate Membership Application 2026/27

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

There are no voting privileges for Affiliate members at ALA Annual General Meetings or Special General Meetings

First Name: _____		Last Name: _____	
<input type="checkbox"/> Athlete Participant <input type="checkbox"/> Volunteer <input type="checkbox"/> Official		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary / Other _____	
Address: _____		City: _____	Postal Code: _____
Home Phone: _____		Cell: _____	
Date of Birth (dd/mm/yyyy): ____ / ____ / ____		Health Care # (Athlete Participant Only): _____	
Email: _____			

Parent / Guardian

First Name: _____		Last Name: _____	
Home/Cell: _____		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary / Other _____	
Email: _____			
Date of Birth (dd/mm/yyyy): ____ / ____ / ____			

_____ 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.

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:** _____

Alberta Luge Association Membership Fees:

\$1 Fee covers, Public Luge Events, Recruitment Camps, and Luge Introduction

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