



## Calgary Luge Club Family Membership Application 2022-2023

Information must be filled out for Insurance Purposes for Sliders and Volunteers.  
Athletes 16 and over require a separate signed form. Athlete membership fees are included in the family membership.

E-mail is a primary form of communication for both athletes and parents. Please provide an email address that you check regularly which will allow us to communicate directly with the members.

Family surname:	
Address:	
City:	Province:
Postal Code:	

First Name:		Surname (if different):			
Slider	Volunteer	Male	Female	Olympic Luge	Natural Luge
Preferred phone:			Alternate phone:		
Date of birth (dd/mm/yy):					
Email:					

First Name:		Surname (if different):			
Slider	Volunteer	Male	Female	Olympic Luge	Natural Luge
Preferred phone:			Alternate phone:		
Date of birth (dd/mm/yy):					
Email:					

First Name:		Surname (if different):			
Slider	Volunteer	Male	Female	Olympic Luge	Natural Luge
Preferred phone:			Alternate phone:		
Date of birth (dd/mm/yy):					
Email:					

First Name:		Surname (if different):			
Slider	Volunteer	Male	Female	Olympic Luge	Natural Luge
Preferred phone:			Alternate phone:		
Date of birth (dd/mm/yy):					
Email:					

**Family Membership Fee: \$20**

**Cheque payable to "Calgary Luge Club" or etransfer to [ccluge@gmail.com](mailto:ccluge@gmail.com)**



**Calgary Luge Club  
Family Membership Application  
2022-2023**

**Waiver:**

In consideration of my involvement with the Calgary Luge Club and its members, I hereby indemnify and save harmless the Calgary Luge Club and any members thereof from all claims of every nature and cause however caused, which may arise from my or my family members' membership in or involvement with the Calgary Luge Club.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Privacy Act:**

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you into the program and will only be used to contact you regarding facilities, services and other programs. Medical information will only be used in a medical emergency. My signature acknowledges the above.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Media Release:**

I hereby agree to release names and images for myself or my family members who are members of the Calgary Luge Club for promotional purposes. This may include the publication of race/training times and photos on the Calgary Luge Club website and promotional material.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_