



# SASKATCHEWAN TEAM HANDBALL FEDERATION MEMBERSHIP FORM



## PARTICIPANT INFORMATION

Please Print

First Name	Initial	Surname
Date of Birth (dd/mm/yyyy)	Age	Male [ ] Female [ ]
Mailing Address		
City / Town / Village		Province
Postal Code	Telephone	Mobile
Email(s)		
Aboriginal Decent [ ] Yes [ ] No		

*All information collected is kept safe and is only for statistical reporting purposes. For more information on our Privacy Policy please visit our website or contact the Provincial office.*

## PARENT / GUARDIAN INFORMATION

Only for participants under 18

First Name	Initial	Surname
Telephone	Mobile	
Email(s)		

## PLAYER – CATEGORY OF MEMBERSHIP

Please check appropriate box

<input type="checkbox"/> Senior (22+)	<input type="checkbox"/> Cadet (U14)
<input type="checkbox"/> Junior (U22)	<input type="checkbox"/> Mini (U12)
<input type="checkbox"/> Youth (U19)	

## TEAM MANAGEMENT – CATEGORY OF POSITION

Please check appropriate box(s)

<input type="checkbox"/> Coach - NCCP # _____	
<input type="checkbox"/> Official	<input type="checkbox"/> Doctor
<input type="checkbox"/> Manager	<input type="checkbox"/> Physiotherapist
<input type="checkbox"/> Director	<input type="checkbox"/> Other

**THIS FORM MUST BE COMPLETED AND SIGNED PRIOR TO PARTICIPATION**

## MEMBERSHIP AND/OR PARTICIPATION AGREEMENT

**CONDUCT:** I/we hereby agree to abide by and support the current Saskatchewan Team Handball Federation Code of Conduct.

**USE OF IMAGE:** I/we hereby grant the Saskatchewan Team Handball Federation the irrevocable and perpetual unlimited world-wide and royalty free rights to use in any way at their sole discretion any information and/or photographs of or about me or my child, whether now known or hereafter developed, for publicity, advertising or other promotion of the Saskatchewan Team Handball Federation. I/we understand that this may be but is not limited to written, pictorial, or video materials.

**LIABILITY WAIVER:** I/we agree as a precondition of mine or my child's participation in the sport of team handball as organized by the Saskatchewan Team Handball Federation and/or its member clubs/leagues and in further consideration of their inviting me and/or registering me to do so, to be strictly bound by the terms of this waiver. I/we acknowledge that participation in the sport of team handball as conducted in accordance with its rules of the game and regulations may involve inherent risks that can cause serious injury to its participants, particularly its players. I/we fully understand the risks and dangers associated with my participation in the sport of team handball as conducted in accordance with the rules of the game and regulations and do accept the same entirely at my own risk. I/we hereby release the Saskatchewan Team Handball Federation, employees, volunteers, officials, coaches, players, sponsors, advertisers, and if applicable owners and lessors or premises used to conduct the program from all liability in respect to injury sustained by me and/or my child while participating in all Saskatchewan Team Handball Federation programs.

**NOTE:** I/we have read and understood this agreement. I/we accept that by registering with the Saskatchewan Team Handball Federation and signing this document in the space provided below, that I/we understand this document is also considered a liability waiver and **NOT** a waiver under excess medical insurance.

**PLEASE READ THE ABOVE BEFORE SIGNING IN THE SPACE PROVIDED BELOW**

I/we certify that the information provided is true and in the consideration of the granting of this certificate to me and/or my child the privileges incident thereto and by signing this certificate I/we have become subject to the rules, regulations, and decisions of all recognized jurisdictional bodies within the Saskatchewan Team Handball Federation and I/we agree to abide by such rules, regulations, and decisions or all jurisdictional bodies within the Saskatchewan Team Handball Federation.

Date

Signature

Parent/Guardian Signature