



### Registration Package

Are you a returning member?  Yes  No      Is your information the same?  Yes  No

**Note:** If you answered yes to both of the above, please **ONLY** complete your First and Last Name, Sports and Fees, Agreement and Code of Conduct and Waiver forms.

#### Athlete Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB (YYYY-MM-DD): \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Relation to Emergency Contact Name: \_\_\_\_\_

I agree to allow Cruisers Sports to contact me via email:  Yes  No

**Sports and Fees:** Please check the box(es) below for the sport you are participating in and fill in total dollar value.

	Wheelchair Basketball	Sledge Hockey **	Track or Field	Boccia	Multi-Sports	Cost
First Competitive Sport - <b>\$350</b>						\$
Second Competitive Sport - <b>\$100</b>						\$
Third Competitive Sport - <b>\$100</b>						\$
House League - <b>\$75</b>						\$
Non-Competitive - <b>\$50</b>						\$
** Hockey Fee -- <b>\$50</b>						\$
Cruisers Membership Fee -- <b>\$50</b>						\$
<b>TOTAL:</b>						\$

**OFFICE USE ONLY** Paid in Full:  Cheque  Cash  Paypal

Cheque Postdated: Y / N      Number of Cheques: \_\_\_\_\_      Postdated to Date(s): \_\_\_\_\_

Halton - Peel  
Cruisers Sports for the Physically Disabled  
9-6975 Meadowvale Town Centre Circle  
Suite #158  
Mississauga, Ontario  
L5N 2V7



CHARITABLE REGISTRATION  
#89955 5122 RR0001



**Name of Your Provincial Sports Organization (PSO):** Each athlete must register yearly with their Provincial Sports Organization. **It is the athlete's responsibility to register.** We will advise you when your registration is due and you must go online to register with your PSO. You will then advise the Director of Registration by e-mail at: registration@cruisers-sports.com. If your registration is due and you do NOT register with your PSO, you will not be able to participate in some events (competitions, etc). The fee for the PSO registration is included in your fee for that sport.

**IMPORTANT**

<b>Circle Applicable PSO:</b>	<b>OWSA</b>	<b>OCPSA</b>	<b>Blind</b>	<b>Les Autres</b>	<b>OSHA</b>
<b>Other:</b>					

**Payment Options:** We encourage those who want to split up their payments to do so. Choose from 2 to 10 monthly payments. For example, a hockey registration with Cruisers membership would be \$45 per month over 10 months (September to June). Post-dated cheques are required; please date them for the 15th of the month. Note: As it is a condition of registration and insurance, any athlete who does not have up-to-date fees will be prohibited from participating in practices, games, tournaments, etc...

**Medical Information:**

Medical History/Diagnosis/Allergies/Current Medical Problems or Surgeries and Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name/Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____ Signature of Athlete	_____ Print Name	_____ Date (YYYY-MM-DD)
_____ Signature of Parent/ Guardian	_____ Print Name	_____ Date (YYYY-MM-DD)





**Bursary Application**

Thank you to Peel Elementary Teachers Local, for their donation that allows us to offer \$3000 worth of bursaries to our athletes for **up to a maximum of \$500** for each bursary. Please take the time to complete the application below. All \$3000 will be used, the awarded amounts may vary.

**Note:** Anyone submitting the bursary application is required to submit the \$50 Cruisers Membership fee at the time of registration. The balance, if applicable, will be due after the decision is made at the October Board meeting.

**Deadline for submissions is October 5<sup>th</sup> to  
Crysta M'Keown at registration@cruisers-sports.com**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Amount Applying For: \$\_\_\_\_\_ Sport(s) applying for: \_\_\_\_\_

**Tell us a little about your sporting career. If you require more space, please attach papers.**

What are your athletic and/or personal goals? \_\_\_\_\_  
\_\_\_\_\_

Why are you applying for this bursary? \_\_\_\_\_  
\_\_\_\_\_

How will the money be used? \_\_\_\_\_  
\_\_\_\_\_

How will this money affect your sport goals? \_\_\_\_\_  
\_\_\_\_\_

Do you receive any additional funding currently? \_\_\_\_\_  
\_\_\_\_\_

Please add anything else you wish to share with the board. \_\_\_\_\_  
\_\_\_\_\_

**Deadline: October 5<sup>th</sup>**

Applications will be reviewed by the Board based upon criteria (club involvement, participation in fundraisers, team participation and financial need). Successful applicants will be notified via email.





## Athlete / Guardian Agreement & Code of Conduct

1. Athletes, Parents and Guardians are ambassadors of Cruisers Sports and shall maintain high standards of moral and ethical conduct. This includes self-control, responsible behaviour, as well as consideration for others' physical and emotional well-being, ensuring a safe and harassment-free environment.
2. Athletes, Parents and Guardians must uphold the standards of fair play, and exhibit a high level of sportsmanship and team spirit and shall treat others with respect and expect to be treated with respect in return. They shall perform to the best of their ability and accept with pride the result that effort brings and be gracious in victory and defeat.
3. Athletes, Parents and Guardians will accept the officials' decisions without argument; play with intensity but without hostility. Refraining from the use of profane, insulting, harassing or otherwise offensive language.
4. Athletes, Parents and Guardians are expected to abide by the Policies and Procedures of the Cruisers as outlined in the Cruisers Policy and Procedure Manual.
5. Athletes, Parents and Guardians are required to abide by the curfew set by Team Coaches and/or host organizing committee.
6. Any Athletes, Parents and Guardians committing an act which is considered an offense under the law will be dealt with by the appropriate authorities.
7. All Athletes, Parents and Guardians shall agree that:
  - Athletes, Parents and Guardians shall not engage in behaviour that is unsportsmanlike, disruptive, disrespectful, harassing, abusive, racist, sexist, dangerous or criminal. They shall not possess or use any illegal drugs. The use of performance enhancing drugs is strictly banned.
  - Athletes, Parents and Guardians under the age of 19 years will not possess or use alcohol or tobacco in any form during events or at any social activities connected with the event.





**Athlete / Guardian Agreement & Code of Conduct Continued...**

- Obey all provincial and federal laws, on alcohol consumption and illegal substance (drug) and tobacco use. Athletes 19 years and over will not possess or use alcohol in any form within the immediate area of an event, or competition site, or between games played on the same day, and not in excess in the residence or accommodations. Athletes 19 years and older should avoid the use of alcohol within 6 hours of a game, and under no circumstances will be allowed to participate while under the influence of alcohol.
- Respect all rules and regulations at competitive or visiting venues and facilities. This includes regulations and guidelines of the clean air policy and ban on smoking.

A breach of any part of this code of conduct is sufficient grounds for an athlete to be withdrawn from an event and be sent home at their own expense. Athletes are subject to the disciplinary policies and procedures of the Cruisers as outlined in the Cruisers Policy and Procedure Manual. Disciplinary action may vary in severity, up to and including expulsion from the Cruisers, at the discretion of the Board of Directors.

I have read the above, retained a copy and understand the above statements and agree to conduct myself in a manner that demonstrates the standards established in the Athlete Agreement & Code of Conduct.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (YYYY-MM-DD)





**Equipment Loan Agreement**

You are borrowing: \_\_\_\_\_ . The equipment that you are borrowing has an approximate dollar value of \$\_\_\_\_\_.

This equipment is for the sole use of the athlete named below. You may use this equipment as long as you remain a member in good standing of Cruisers Sports for the Physically Disabled and are a registered participant in the sport the equipment is used for.

The equipment must remain in good working order. You are responsible for the minor costs and up-keep on your equipment (e.g. blades sharpened, punctured tubes etc.)

The equipment is to be used only for the activities for which it is designed. Any damage resulting from improper use will be the sole responsibility of the undersigned and may result in total replacement of the equipment at the cost of the undersigned.

The equipment must be returned to Cruisers Sports in good working order. If member is no longer in good standing Cruisers Sports for the Physically Disabled has the right to request this equipment to be returned.

I, \_\_\_\_\_ agree to borrow the above mentioned equipment from Cruisers Sports for the Physically Disabled and I agree to all the terms indicated above.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (YYYY-MM-DD)





## Waiver Form

In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such programs, activities and events.

In consideration for the Cruisers Sports for the Physically Disabled accepting this membership and this membership registration form, I intend to be legally responsible for my actions that may result in injury or damage to me, and do hereby release and discharge, on behalf of myself, my heirs, executors and administrators, Cruisers Sports for the Physically Disabled and their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (the "Organizations") from all responsibility / liability arising from any illness, injury, damage, or loss of any kind suffered by me during, or as a result of participation in any program, activity or event, including my participation in any or all of the following sports....Sledge Hockey, Track, Field, Wheelchair Basketball, Boccia and Multi-Sports....caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

I consent to any medical treatment that may be administered and as a result of my participation, I also give permission for the free use of any picture and/or name for possible publicity, promotional or media purposes and, as such, my signature below constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

**FOR THOSE UNDER 18, I UNDERSTAND AND AGREE** on behalf of myself, my heirs, assigns, personal representative and next of kin that my signing of this document constitutes that:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
2. I agree that there are risks as described above and my child/ward may be exposed to some or all of these risks and hazards.
3. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
4. If something happens to my child/ward, I release Cruisers Sports for the Physically Disabled, their respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (the "Organizations") from responsibility for any claims, demands, actions and costs which might arise from of my child's/ward's participation.

\_\_\_\_\_  
Signature of Athlete or Parent / Guardian (if under 18)

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Print Name

