

The ICHA

3939 Carmichael Drive, P.O. Box 7117, Sandwich
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Web Site: <http://www.icha.ca> – E-mail: info@icha.ca



Please return completed form and Membership Dues to the above address: **Individual Membership: \$15.00 per year**
Family Membership: \$30.00 per year

SECTION A – PERSONAL INFORMATION - FOR PARTICIPATING MEMBER					
LAST NAME:			FIRST NAME:		
MIDDLE NAME (in full)		DATE OF BIRTH (mm/dd/yyyy)		GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS		CITY		PROVINCE	POSTAL
HOME PHONE #	BUSINESS # OR CELL#	EMAIL ADDRESS			FAX #
SECTION B – TYPE OF MEMBERSHIP					
<input type="checkbox"/> ATHLETE	<input type="checkbox"/> COACH	<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> GENERAL MEMBER	<input type="checkbox"/> FAMILY <small>**please list all family members & their d.o.b.'s on a separate sheet.</small>	
SECTION C – AREAS OF INTEREST					
<input type="checkbox"/> ATHLETICS	<input type="checkbox"/> SOCCER	<input type="checkbox"/> BOCCE	<input type="checkbox"/> SOCIALS	<input type="checkbox"/> SPECIAL EVENTS	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> PROVINCIAL ACTIVITIES	<input type="checkbox"/> COACHING LEVEL: _____ SPORT: _____	<input type="checkbox"/> OFFICIATING LEVEL: _____ SPORT: _____	<input type="checkbox"/> PUBLICITY	<input type="checkbox"/> NEWSLETTER	<input type="checkbox"/> OTHER: _____
SECTION D – EMERGENCY CONTACT INFORMATION					
Contact Name:		Relationship		Home Phone: _____ Cell Phone: _____ Business Phone: _____	
Contact Name:		Relationship		Home Phone: _____ Cell Phone: _____ Business Phone: _____	
SECTION E: - HEALTH INFORMATION FOR PARTICIPATING MEMBER					
DOCTOR'S NAME:			DOCTOR'S CONTACT INFORMATION:		
HEALTH INFORMATION – special considerations and allergies. Please list any and all medications presently taking					
SECTION F - WAIVER					
Upon acceptance as a member of the Italian Canadian Handicapped Association, the applicant agrees to abide by the rules and procedures of the Association, as approved through rules and by-laws. It is understood and agreed that the Association and/or any of its officials, affiliates or sponsors do not assume responsibility for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused.					
Applicant Name:		Applicant Signature		Date	
Parent/legal guardian name (Print): if under 18		Parent/Legal Guardian Signature		Date	