

Please return completed form and Membership Dues to the above address: **Individual Membership: \$25.00**  
**Group Homes: \$40.00**      **Family Membership: \$40.00**

### Section A – Personal Information

Name: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_ Gender:  Male       Female

### Section B – Type of Member

Athlete       General Member       Family

### Section C – Areas of Interest

Bocce       Soccer       Floor Hockey       Basketball       5-pin bowling       10-pin bowling

### Section D – Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### Section E – Health Information

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

**Section F – Waiver** I consent to have my photo taken for ICHA promotional materials:  Yes       No

Upon acceptance as a member of the Italian Canadian HandiCapable 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 does not assume responsibility for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If athlete is under 18 yrs of age)

Name of Support Worker (if Applicable) \_\_\_\_\_ Date: \_\_\_\_\_