



AOS MEMBERSHIP APPLICATION

(FHO Membership Year September 1 – August 31)

(Please print, sign and date.)

Club Use Only:
Received:

AOS FHC #:

ATHLETE SURNAME	ATHLETE FIRST NAME	PHONE	ALTERNATE PHONE
SIZING - WOMEN'S XS S M L XL	FHO or ER NUMBER (found on your receipt)	CITY/TOWN	POSTAL CODE
BIRTHDATE YR MM DD	AGE AS OF JAN. 1	GENDER	EMAIL ADDRESS

WAIVER, RELEASES & INDEMNITY

I hereby agree, as a member of Field Hockey Ontario (FHO), and AOS Field Hockey Club (AOS):

- TO RELEASE FHO and AOS, event organization bodies, sanctioning bodies and FHO and AOS sponsors and their respective directors, officers, employees, agents, contractors, representatives, successors or assigns (collectively the "Releasees" from any liability for any loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of my participation in any FHO and/or AOS program, due to any cause. Including negligence or breach of contract;
- TO WAIVE ANY CLAIM that I may have or may have against any or all of the "Releasees" regarding any matter, including without limitation, any claim arising out of any FHO and/or AOS program;
- TO INDEMNIFY THE RELEASEES from any and all claims, actions or Loss resulting in any way from my participation in FHO and/or AOS programs;
- THIS DOCUMENT SHALL bind my heirs, executors, administrators, assigns, and representatives and will have effect throughout my membership in FHO and AOS, and, to the extent reasonably necessary to give it effect, thereafter;
- THAT I am physically fit to participate in any FHO and/or AOS programs;
- THAT FHO and AOS are authorized to take and use photos of me for publicity and promotional purposes only.
- I hereby acknowledge and agree that FHO and AOS may use and disclose the information on this form to enable FHO and AOS to provide membership benefits to all FHO and AOS members.
- THAT membership in FHO and/or AOS may be suspended or withdrawn in accordance with the provisions of the Code of Conduct and Bylaws of FHO and/or Bylaws of AOS.
- I have read and fully understand Rowan's Law.

By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity.

Required for application to be accepted—check one: <input type="radio"/> Participant over age of 18: Parent/Legal Guardian, on behalf of Participant Under 18 years of age: If signed by Parent/Legal Guardian, please PRINT Name and Relationship to Participating Child in space to the right.	<table style="width: 100%;"> <tr> <td style="width: 70%;">SIGNATURE:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td colspan="2">Name (Please print): Relationship to Athlete:</td> </tr> </table>	SIGNATURE:	Date:	Name (Please print): Relationship to Athlete:	
SIGNATURE:	Date:				
Name (Please print): Relationship to Athlete:					

PROGRAMS AND FEES: All cheques are payable to AOS Field Hockey

INDOOR PROGRAMS		OUTDOOR PROGRAMS	
U15 REC - Jan. to March Break	TBA	U12 FUN STICKS - Wednesdays May and June GDCL, 5-6 p.m.	\$65
U18/OPEN - Jan. to March Break	TBA	U14 DEV - Wednesdays May - June GDCL, 6:00-7 p.m.	\$90
		High School Program @ City Wide in London Tuesday's 8:00-10:00 p.m. May 9 - July 11	\$220

*reduced rate thanks to FHO sponsorship

AOS Registration

Please submit the application form to the Club along with the appropriate fee for the program for which you wish to register by the deadline. Email transfers can be made to aloversportsinc@gmail.com