For Non- Competitive Athletes/ Recreational/ Volunteer membership Only

Registration Year: _____ Affiliated MEMBER CLUB Name: _____

Membership Type: $15 Recreational [Non-competitive] Member
$10 Volunteer Member (Screening policy documentation required, please attach with application)

Name: _____
(First Name) (Last Name)

Address: _____

City: _____Postal Code: _____Telephone: _____

Date of Birth: _____ Gender: _____
mm/dd/yy Male/Female

Email Address: _____
IMPORTANT: Your email address is mandatory as it will be the primary form of correspondence with CCWO West. You are obliged to inform CCWO West if you change your email address.

Membership Process

1. Mail or provide to your **MEMBER CLUB** the completed application form with the annual fee payable to***: CCWO West***
2. Applicants without an affiliate MEMBER CLUB may mail the completed application form with the annual fee directly to: CCWO West
3. Upon receipt of the membership registration fee, your club [if applicable] will provide you with your membership package which includes ID and welcoming kit.
3. MEMBER CLUBS are responsible for the registration of all current instructors, coaches, competitive and recreational members to CCWO West *forms will be provided - The club insurance policy requires all members to register with within 30 days of club membership approval.*
4. Any new members that join during the membership year must be registered within 30 days of joining a MEMBER CLUB.
5. All members are responsible to acquaint themselves with the details outlined in the membership policy found in the CCWO West Operations Manual and all other documents pertaining to their membership responsibilities as indicated within.

Release and Waiver

In consideration of membership and permission to become involved in the sport of wushu granted to me by CCWO West and its affiliated National, Provincial/Territorial sport-governing bodies, I hereby release and discharge CCWO West, its affiliated National, Provincials/Territorial Sport-Governing bodies, clubs, coaches, officials, members, agents, officers, and employees from all claims actions, judgments and executions which the undersigned's heirs, executors, administrators, or assigns may have , or claim to have, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the participation in the sports activity of wushu. I, the undersigned understand that all styles of martial arts are physical and contact sports and thus have inherent risks involved that can result in injury and/or death. I fully accept and assume all responsibility for my own safety and all risks of personal injury, death, property damage or loss resulting from my participation in all activities organized by WushuCanada, CCWO West and or its affiliates (the Organization). I, the undersigned, have read this Release /Waiver and understand all of the terms and conditions; I execute it voluntarily and with full knowledge of its significances or I am the Parent/Guardian of the applicant who is under 18 and am executing this waiver on behalf of the applicant in my capacity as Parent/Guardian and with the intent that this waiver be binding on me and the applicant for all purposes.

I have thoroughly read and understand the above waiver. Yes No

_____, on the _____ day of _____ 20_____
Place or city

Signature: _____ Name of Parent/Guardian: _____
(Applicant or Parent/Guardian if applicant is under 18) (Please Clearly Print)

*****Attach payment to application (payable to CCWO West) and mail to the Administrative Office as indicated on top of document*****

Date Received: ___/___/___ - Date Approved: ___/___/___ - Certificate/Poster Mailed: Y / N - Registration # _____