



SASKATCHEWAN WHEELCHAIR SPORTS ASSOCIATION
510 Cynthia Street, Saskatoon, Saskatchewan S7L 7K7
Phone: (306) 975-0824
Email: swsa@shaw.ca Website: swsa.ca

2016/17 Membership Form

Memberships are valid from July 1st, 2016 - June 30th, 2017

Benefits of Membership:

- Access to SWSA sponsored programs, events, and activities
- Represent SWSA at training, camps and/or competitions
- Access to financial support for training and/or competition
- Access to education, training, and certification
- Inclusion on SWSA's e-Newsletter e-mail list and space to advertise upcoming events
- Liability insurance

ALL ATHLETES, COACHES AND OFFICIALS MUST BE SWSA MEMBERS. ALL PAYMENTS DUE WITH REGISTRATION
Participants have no insurance coverage until completed forms and fees are submitted to the address above.

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (h) _____ (w) _____ Email: _____

Date of Birth: _____ Age: _____ Gender: _____ M _____ F
 (Day/Month/Year)

Hospitalization #: _____

Club/Team Name: _____

The following information is optional. This information is important for Sask Sport purposes and will aid in application and follow-up procedures.

Please check one or more if applicable:

Visible Minority _____ Aboriginal _____ Person with a Disability _____

Membership Type

____ Family \$40.00
 ____ Individual \$20.00 NCCP# (for coaches): _____

I, the undersigned, agree to abide by the policies, procedures and the rules and regulations of SWSA.

Signature: _____
 (Parent or guardian if under 18)

Date: _____

Please check box, if your do not agree to allow SWSA to use your photo for promotional material and social media purposes.

