



Alberta Amateur Wrestling Association Independent Member Information Form

The AAWA Membership Fee can be returned with this form or will be invoiced upon receipt

Membership Season: **2018-2019**

Name:

Mailing Address:

Alberta Games Zone:

Phone Number:

E-Mail Address:

Membership Class (Circle or Bold): Athlete Coach Other Functionary

If Athlete, Age Group (please circle or bold): Tyke Novice Kids Bantam U17 U19 Junior Senior

All functionary members must have a recent (dated in the past 3 years) enhanced police records check submitted and on file at the AAWA office

I have read and understand the AAWA Membership Policy and are aware of the following responsibilities as an Independent Member:

1. Complete the Independent Member Information Form for the upcoming membership season
2. Return the appropriate signed code of conduct to the AAWA office
3. Ensure the independent member adheres to the by-laws and policies of the AAWA
4. Ensure the independent member is registered with the AAWA before training & competition
5. Ensure all fees owing by the independent member are paid in full
6. Ensure all events (tournaments, camps, clinics, etc.) that require AAWA sanctioning are submitted for AAWA executive approval (see AAWA Event Hosting Policy)

I agree to adhere to the by-laws and policies of the AAWA. Failure to do so may result in disciplinary action at the discretion of the AAWA executive.

Name

Signature (Parent/Guardian if under 18)

Date