



Member Registration Form

Please fill out all of the following information legibly

First Name: _____	Last Name: _____
Date of Birth: _____	Gender: _____
Health Card #: _____	Club Name: _____
Address: _____	Head Coach: _____
City/Town: _____	Affiliation: _____
Province: _____	Work Phone: _____
Postal Code: _____	Home Phone: _____
Country: _____	Email: _____

OGA Membership Fee and Coverage:

- 1. **Full year Independent Athletes** – Required for all Competitors, Instructors, Officials, Corner-men \$35.00/person/**year**
 - 2. **Club Title, Yearly Athlete Membership** - Required for all participating Teams/Clubs \$120.00/club/**year**
 - 3. For **Striking Activities**, additional sanctioning fees may apply at event(s) \$30/athlete/**event**
- (NOTE: Price is subject to change without notice)

Ontario Grappling Association (OGA) Liability Waiver – Club Policy

As a club policy outlined by OGA, I the entitled representative of the club listed herein, acknowledge that all training activities will be regulated as outlined by the OGA/CCA/FILA regulations. I will not engage nor allow club members to engage in training activities that are illegal in Ontario or considered high-risk in nature.

Ontario Grappling Association (OGA) Liability Waiver – General Membership

In consideration of my participation with Ontario Grappling Association (OGA) I hereby undertake to indemnify OGA and its administrators, officers, officials, employees, agents, affiliates, volunteers, sponsors, participants and all associated persons, groups, or entities against all damages, claims or demands which may be made against them or any one of them in respect of or arising out of my participation OGA Event(s) whether such claim be made by, on, or on my behalf or any other person or entity. This release is intended to discharge in advance OGA: instructors, promoters, sponsors, organizers, officials, project managers, and any affiliate entity or person(s) (and, including but not limited to, their respective agents and employees, administrators, officials, officers) from any and all liability, which may arise out of any part of the duties of the persons or entities mentioned above. OGA does have my permission to use photographs, videotapes, audiotapes and/or other media containing my image, or the image of the child to which I am a legal guardian, for the purpose of the promotion of the work and mission of OGA and affiliate organizations.

I understand that there is a risk of injury by competing in the sports of Amateur Mixed Martial Arts, Grappling, Brazilian Jiu-Jitsu (BJJ), Judo, and Wrestling (here in after "SPORTS"). I understand that injuries are not the fault of OGA staff or representatives. I agree not to take legal action against OGA or its affiliates for occurrences that arise from participation in the SPORTS.

I understand that every member, volunteer and staff of OGA have rights and responsibilities, which include:

- The right to be safe within the rules and regulations that identify the rules governing the styles of SPORTS as set forth by governing bodies
- Recognizing that all members, volunteers, and staff of the OGA share the same rights as themselves.
- Behaving in a manner that ensures their rights and the rights of others. Members who do not behave in such a manner may have their membership restricted, or possibly revoked, at the discretion of the OGA Executive Council. Depending on the severity of the behavior, the police and/ or other authorities and agencies may become involved to deal with unacceptable behavior that affects OGA members, volunteers, staff, and/or facilities that are in use by the OGA.
- Recognizing, that as a member of OGA there is an expectation to follow all OGA, the Province of Ontario and Canadian rules, laws and regulations.

I have completed the personal information of this application and I have ensured that all information is accurate. By signing below, I understand that I am responsible to inform the OGA of any changes in this information. I have carefully read the above sections and I fully understand all of their contents. I am aware that my signature below constitutes an assumption of risk on my part when I am participating in OGA programs.

Date Signed: _____	<u>Guardian please complete below If applicant is under 18 years of age</u>
Applicant's Signature: _____	Guardian's Name: _____
Witness Name: _____	Guardian's Signature: _____
Witness Signature: _____	



PRE-COMPETITION SCREENING

Please fill out all of the following information legibly

Style: (please circle) GRAPPLING AMMA PANKRATION BJJ Your Age:

Emergency Contact:

Relation: Phone:

Taking Any Medication? YES NO

If YES, please specify (include concussion date if applicable)

Any previous head or neck injuries and/or concussions? YES NO

If YES, please specify (include concussion date if applicable)

Medical Conditions (e.g. Heart Condition, Epilepsy): YES NO

If YES, please specify:

Recent surgeries within the last 6 months: YES NO

If YES, please specify:

PREVIOUS MARTIAL ARTS EXPERIENCE

1. How long have you been training in mixed martial arts?

2. What disciplines have you / are you currently training in? How long?

3. Have you competed in Amateur Mixed Martial Arts events before? YES NO

4. Have you ever competed in a professional MMA match? YES NO

5. Is / are there any reason(s) as to why you should 'NOT' compete at this event? YES NO

If YES, please list and explain:

6. Are you currently taking any sport enhancing drugs? YES NO

Are you aware that the sports of AMMA – PANKRATION – GRAPPLING is extremely physical and holds high risk of injury and or death? YES NO

By signing, I DO NOT hold the Sanctioning Body, Convener, Venue, Promoters, Your Opponent, Instructors, and any of their affiliates, responsible for any legal issues resulting in my competition, short-comings or medical issues resulting in AMMA - PANKRATION - GRAPPLING - BJJ competition. I am, to my complete understanding, physically and mentally fit to undergo such competition. I have read and understood all insurance forms/waivers required of me to compete. I understand the sanctioning body has the right to withdraw my application for this event at any time. INITIALS: ()

Date Signed:

Guardian please complete below If applicant is under 18 years of age

Applicant's Signature:

Guardian's Name:

Witness Name:

Guardian's Signature:

Witness Signature: