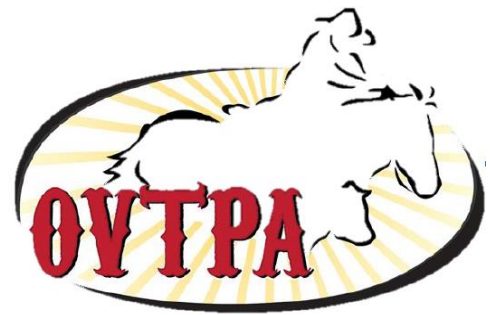


# 2024 Membership Form

One form per Member



Prior to March 31<sup>st</sup> 2024 (Check  one)

ADULT Membership(18+) \$20.00

SENIOR Youth (13-17) \$15.00

JUNIOR Youth \$10.00

Age determined as of January 1<sup>st</sup>

After March 31<sup>st</sup> 2024

(Check  one)

ADULT Membership(18+) \$40.00

SENIOR Youth (13-17) \$30.00

JUNIOR Youth \$20.00

ONE DAY TRIAL \$20.00

Name Adults / Guardian): \_\_\_\_\_

Sr. Youth/Jr. Youth/PeeWee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Insurance Information

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**\*\* PLEASE ATTACH PROOF OF LIABILITY FOR ADMINISTRATION PURPOSES PRIOR TO ATTENDING A OVPTA EVENT \*\***

I give the OVPTA permission to publish my name, contact information and photo for website & media purposes.

I **DO NOT** give the OVPTA permission to publish my name, contact information and photo for website & media purposes.

I have read and agree to the Terms and Condition set forth by the OVPTA Waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian in under 18 years of age: \_\_\_\_\_

Preferred payment by eTransfer to [ovpta1@gmail.com](mailto:ovpta1@gmail.com)  
or cheque payable to OTTAWA VALLEY TEAM PENNING ASSOCIATION (OVPTA)

Return completed form to:

Sharon Storie B404-459 Barnet Blvd. Renfrew, ON K7V 0C9