



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

**2019/20 Membership Form**

**Memberships are valid from July 1st, 2019 - June 30th, 2020**

**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.

