



# ORIENTEERING ASSOCIATION OF NOVA SCOTIA



info@orienteeringns.ca (Email)  
http://orienteeringns.ca (Website)  
for updates, news and event information!

## *MEMBERSHIP FORM 2011*

Name: \_\_\_\_\_  
*First*
*Last*

Year of Birth \_\_\_\_\_ Gender M( ) F( )

Name: \_\_\_\_\_  
*First*
*Last*

Year of Birth \_\_\_\_\_ Gender M( ) F( )

*(Write on back if more than 2 members in your family)*

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ *FEE ENCLOSED* \_\_\_\_\_

ADDRESS: \_\_\_\_\_ *POSTAL* \_\_\_\_\_

OANS CLUB IF *APPLICABLE*: \_\_\_\_\_

**MEMBER FEES:**

Senior 20+ ( )	Junior 19 and under ( )	Family - 3 or more ( )
\$25.00	\$15.00	\$55.00

### ***General Waiver and Acknowledgement of Risk***

I understand that during my participation in any Orienteering Association of Nova Scotia (OANS) or Member Club's activity for which I have registered, I may be exposed to situations and environmental conditions where the stresses and hazards may be greater than or different from those I normally encounter. I understand that although OANS has taken precautions to provide proper organization and instruction for each activity, based on nationally accepted guidelines, circumstances may arise which are not foreseeable or which are beyond the control of OANS.

I acknowledge that OANS cannot guarantee absolute safety. I understand that I am in part responsible for my own safety and I agree to comply with the instructions and directions given by those authorized to lead OANS supervised activities.

**I accept responsibility to verify that I do not have any physical or psychological problems that would create undue risk to myself or others who may depend on me during this activity. I have read and understood this waiver.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of Parent/Guardian if under 18)*

Send to: **Orienteering Association of Nova Scotia**  
**C/O Greg Nix, Box 212, Pugwash, Nova Scotia BOK 1L0**

***Additional Family Members:***

***Name:*** \_\_\_\_\_  
*First* *Last*

***Year of Birth*** \_\_\_\_\_ ***Gender M( ) F( )***

***Name:*** \_\_\_\_\_  
*First* *Last*

***Year of Birth*** \_\_\_\_\_ ***Gender M( ) F( )***

***Name:*** \_\_\_\_\_  
*First* *Last*

***Year of Birth*** \_\_\_\_\_ ***Gender M( ) F( )***

***Name:*** \_\_\_\_\_  
*First* *Last*

***Year of Birth*** \_\_\_\_\_ ***Gender M( ) F( )***

***Name:*** \_\_\_\_\_  
*First* *Last*

***Year of Birth*** \_\_\_\_\_ ***Gender M( ) F( )***