



## Manitoba Sport Parachute Association 2021/22 Membership Application

Upon completion, send your \$25 fee to sectreas@mspa.mb.ca

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone# (Primary): \_\_\_\_\_ (Work): \_\_\_\_\_

E-mail: \_\_\_\_\_

# of lockers you would like to rent: \_\_\_\_\_ (Please note, this does not guarantee a locker)

Do you allow MSPA to contact you via (please select): Phone#            Yes            No

E-mail                            Yes            No

### Ratings and Experience Information

Years in Sport: \_\_\_\_\_ # of Jumps: \_\_\_\_\_ Freefall Time: Hrs:Min:Sec: \_\_\_\_\_

Highest Held CoP: \_\_\_\_\_ #: \_\_\_\_\_ CSPA#: \_\_\_\_\_ USPA#: \_\_\_\_\_

### Current Ratings Held

(Please check all that apply)

C1-Practical    C1    C2-Practical    C2    JM-Practical    JM    JMR    GCI-Practical    GCI

SSI-Practical    SSI    SSE-Practical    SSE    PFFI-Practical    PFFI    LF/CF

EJR    Tandem    QE    Rigger A    Rigger A1    Rigger A2    Rigger B    Riggerl

NCCP#: \_\_\_\_\_

### For Statistical Purposes

Gender: \_\_\_\_\_ Birthdate (dd/mm/yyyy): \_\_\_\_\_

For future event purposes, please indicate any ratings you are interested in achieving or

events you would like to see MSPA hold: \_\_\_\_\_



## **CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

**I understand that by completing this form, the Manitoba Sport Parachute Association is collecting certain personal information about me (including, if necessary, my Manitoba Health registration number).**

**I also understand that this personal information will be used only for the purpose of registering in Sport Parachute programs, and that such use will necessarily involve the use of this personal information to the appropriate area sport association(s) and/or the appropriate sport umbrella group(s), coach(es), and manager(s) as may be reasonably required in order to conduct the Sport Parachute activities.**

*I do hereby waive, release and forever discharge the Manitoba Sport Parachute Association ("MSPA"), any associated or related persons, or any directors, officers, employees, agents, contractors, volunteers, insurers, successors, assigns or sponsors representatives and all others acting on its behalf (the "Releasees") from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me or my property as a result of my participation in any aspect of the activities, facilities, programs and services offered under the auspices of the MSPA, including, but not limited to, my use of equipment or machinery in connection with the activities, facilities, programs and services offered through or by the MSPA.*

**I hereby consent to such collection, use and disclosure of this personal information.**

**Name of Participant (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_