

REGISTRATION FORM

ATHLETE'S NAME

Surname Given Name Middle Initial

APPLICATION DATE (M/D/Y): **BIRTHDATE (M/D/Y)** **SEX:** () Male () Female

() **NEW MEMBER** () **RENEWING MEMBER**

MEMBERSHIP TYPE (ATHLETE): () JD () MID () YTH () JR () SR () MASTER () TRAINING () OTHER
(NON ATHLETE): () ASSOCIATE () COACH () OFFICIAL **BC Athletics Membership #**

MAILING ADDRESS

Street Address **SCHOOL**

City Province Postal Code

HOME PHONE **HOME FAX** **BUSINESS PHONE** **BUSINESS FAX**

E-MAIL ADDRESS *(For communication of Club information)* **COACH**

COUNTRY OF BIRTH **CITIZENSHIP** (date Landed Immigrant status was granted if applicable)

MOTHER'S NAME Phone *(if different from above)* Work *(if different from above)* Cell

FATHER'S NAME Phone *(if different from above)* Work *(if different from above)* Cell

ATHLETE'S CARE CARD NUMBER **MEDICAL ALERTS** *(include allergies, conditions and regular medications)*

EMERGENCY CONTACT Name Phone Number

PHYSICIAN Name Phone Number

THIS IS A VOLUNTEER BASED, NON PROFIT ORGANIZATION. PARENTS ARE URGED TO VOLUNTEER. PLEASE INDICATE AREAS IN WHICH YOU WOULD BE WILLING TO HELP.

() BOARD OF DIRECTORS () FUNDRAISING () COACHING () AWARDS NIGHT
 () CLUB MEET- SPRING SPRINT () CLUB MEET – HALLOWEEN HOWL () RAFFLE

\$ \$ \$ \$
WVTFC FEE **BC ATHLETICS FEE** **DONATION (optional)** **TOTAL**

\$ **FUNDRAISING DEPOSIT (\$300 CHEQUE DATED MARCH 31, 2012 & \$150 CHEQUE DATED SEPTEMBER 1, 2012)**

MAKE CHEQUE(S) PAYABLE TO WEST VANCOUVER TRACK & FIELD CLUB

BC AMATEUR ATHLETICS ASSOCIATION SPORT SAFETY/ACKNOWLEDGEMENT OF RISK

The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport, either while traveling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/

approved by BC Athletics, its Divisions, its Member Clubs or recognized societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

BC ATHLETICS PRIVACY POLICY

By completing this membership form, signing and joining BC Athletics you consent to the collection of information and its use as per the BC Athletics Privacy Statement and Policy – see Identifying Purposes – Appendix II of the Policy available at www.bcathletics.org. For more information or to limit the release of information please contact the BC Athletics Privacy Officer, Sam Collier at sam.collier@bcathletics.org.

RELEASE OF INDEMNITY

IN CONSIDERATION for the acceptance of this application, the undersigned, on behalf of myself, my child, heirs, executors and administrators, hereby: a) release West Vancouver Track and Field Club and B.C. Athletics, their directors and officers from all liability, costs, damages and expenses whatsoever caused as a result of participation by me or my child in events or practices including any loss, injury or damage that may occur while travelling to, staying at or participating in any program or activity while being a Member of the West Vancouver Track and Field Club, and the undersigned hereby indemnifies the West Vancouver Track and Field Club and B.C. Athletics their directors and officers from and against all liability, costs, damages and expenses whatsoever in connection with any claim made with respect to the foregoing and b) authorize the West Vancouver Track and Field Club to reproduce and report upon, any image, likeness or statistic involving my, or my child's, performance in athletic events.

PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

I AUTHORIZE an adult representative of West Vancouver Track & Field Club to act in my place, if I cannot be located, to provide consent for medical or surgical treatment for my child for any condition which, in the doctor's opinion, would be adversely affected by undue delay.

SIGN: X **X** **X**
APPLICANT/ATHLETE **PARENT/GUARDIAN** **CLUB REGISTRAR**