

NorWesters Track & Field Club

REGISTRATION FORM

ATHLETES NAME: _____ BIRTHDATE : mm \ dd \ yy BCAA # _____

PARENTS FIRST NAMES: _____ / _____ SCHOOL: _____

ADDRESS: _____ HOME PH: _____

CITY: _____ PARENTS EMAIL: _____

PROVINCE: _____ POSTAL CODE: _____ ATHLETES EMAIL : _____

	Fees Required*	\$ Received	
MEMBERSHIP FEE			PAID BY: <input type="checkbox"/> CHEQUE* \$ _____ <input type="checkbox"/> CASH \$ _____
BCAA FEE			
TOTAL	\$	\$	

*Make cheque payable to NorWester Track and Field Club

* see NorWester Track and Field Fee Schedule

PLEASE INDICATE AREAS IN WHICH YOU WOULD BE WILLING TO HELP YOUR CLUB:

COACHING _____ OFFICIATING _____ FIRST AID _____ COMPUTER _____

ACCOUNTING _____ STATISTICS _____ TELEPHONING _____ SOCIAL _____

WEBSITE _____ REGISTRATION _____ MEET ENTRIES _____ BOARD OF DIRECTORS _____

PLEASE INDICATE THE STRATEGIC PLANNING COMMITTEE YOU WOULD LIKE TO PARTICIPATE:

FUND RAISING & MARKETING VOLUNTEER PROGRAM DEVELOPMENT

MEDICAL HISTORY

PERSONAL HEALTH NO: _____ SEX: M _____ - F _____

FAMILY PHYSICIAN _____ PHONE _____

CONTACT PERSON IF PARENT NOT AVAILABLE _____ PHONE _____

CHECK IF YOU HAVE EVER SUFFERED FROM ANY OF THE FOLLOWING:

ALLERGIES (Specify) _____ DIABETES _____ HEART DISEASE _____ ASTHMA _____

RECURRING HEADACHES _____ SEIZURES _____ BLACKOUTS _____ CHEST PAIN _____

YR OF LAST TETNANUS SHOT _____ DO YOU USE CORRECTIVE LENSES? YES _____ / NO _____

LIST ANY MEDICATIONS TAKEN REGULARLY _____

INJURIES (SPECIFY) _____

OTHER ILLNESSES OR SURGERY _____

LIST ANY CONDITIONS WHICH MAY AFFECT YOUR ABILITY TO PARTICIPATE IN TRACK & FIELD _____

PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

I _____ (parent/ guardian) authorize an adult representative of NorWesters Track and Field Club to act in my place, if I cannot be located, to provide consent for medical or surgical treatment for _____ (athletes name) for any condition which in the doctor's opinion would be adversely affected by undue delay.

Signed: _____ Date: _____

INDEMNITY AGREEMENT:

The responsibility for sport safety must be shared by all. I, the undersigned am aware that there is 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 organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself an/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating. I have read and understood the **club's constitution, by-laws and policy handbook** and agree to abide by all conditions set forth.

Signature _____ Signature _____ Date: _____

(Parent or Guardian if athlete under 18 yrs.) (Athlete)

WHITE COPY- REGISTRAR YELLOW COPY- TREASURER GOLD COPY- CLUB USE PINK COPY- COACH