

2010 BC ATHLETICS MEMBERSHIP APPLICATION

120 - 3820 Cessna Dr., Richmond BC V7B 0A2 • Ph:(604) 333-3550 Fax:(604) 333-3551 • bcathletics@bcathletics.org • www.bcathletics.org



MEMBERSHIP TYPES & AFFILIATIONS

Indicate each membership type applied for. Membership details on reverse.

ATHLETE	<input type="checkbox"/> Junior Development	<input type="checkbox"/> Midget 15	<input type="checkbox"/> Youth	<input type="checkbox"/> Junior
<input type="checkbox"/> Senior (SEN)	<input type="checkbox"/> Adult Recreation Runner (ARR)	<input type="checkbox"/> Master 35-39		
<input type="checkbox"/> Master 40+	<input type="checkbox"/> BC Games (BCG) - see reverse			
NON-ATHLETE	<input type="checkbox"/> Associate (A)	<input type="checkbox"/> Coach (COA)	<input type="checkbox"/> Official (OFF)	
NON-COMPETITIVE - see reverse for instructions				
<input type="checkbox"/> Training (T)	<input type="checkbox"/> Track Rascal (TR)	<input type="checkbox"/> Friends of BC Athletics (F)		

MEMBERSHIP PROCESS

Affiliated club members must sign up with BC Athletics through their club registrar.

Unattached members send in completed form with fees to BC Athletics. Faxed applications with payment by credit card will be accepted. Incomplete forms will be returned.

Upon acceptance as a member of BC Athletics and Athletics Canada, the applicant agrees to abide by the bylaws, rules and policies of BC Athletics and Athletics Canada as approved by the membership.

Club Executive enter if applicable:	<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Registrar
<input type="checkbox"/> Treasurer	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Officials Coord.	<input type="checkbox"/> JD Coord.
<input type="checkbox"/> Director			
<input type="checkbox"/> Event Registration Coord.			

BC Athletics Representation
<input type="checkbox"/> BCA Committee: _____
<input type="checkbox"/> BCA Board of Directors

Application Date: _____

Month Day Year

New BCA Member or Renewing BCA Member - ____ - ____ - ____
previous BCA #

Athlete with a Disability Aboriginal

Birthdate: _____ Male

Month Day Year Female

Surname ↑ Given Name Middle Initial

Street Address ↑

City ↑ Province Postal Code

(_____) Res.Ph: _____ Res Fax: _____
Area Code

Bus.Ph: _____ Bus. Fax: _____

e-mail: _____

Country of Birth Citizenship - Date Landed Immigrant Status
granted if applicable

Applicant Occupation (optional) Employer (Optional)

Coach: _____

BC Athletics Club: _____

"U" if Unattached

EVENT PARTICIPATION CATEGORIES

<input type="checkbox"/> JUNIOR DEVELOPMENT 9 - 12 years				
Please identify event area participation for Athletes 13 years and older:				
Sprints	Distance	Jumps	Throws	Walks
<input type="checkbox"/> 100m	<input type="checkbox"/> 800m	<input type="checkbox"/> LJ	<input type="checkbox"/> SP	<input type="checkbox"/> 1500m
<input type="checkbox"/> 200m	<input type="checkbox"/> 1500m	<input type="checkbox"/> TJ	<input type="checkbox"/> DT	<input type="checkbox"/> 5K
<input type="checkbox"/> 400m	<input type="checkbox"/> 3000m	<input type="checkbox"/> HJ	<input type="checkbox"/> HT	<input type="checkbox"/> 10K
Hurdles		<input type="checkbox"/> 5000m	<input type="checkbox"/> PV	<input type="checkbox"/> JT
<input type="checkbox"/> 80m H	<input type="checkbox"/> 3000m	<input type="checkbox"/> 20K		
<input type="checkbox"/> 100m H	<input type="checkbox"/> 10000m	<input type="checkbox"/> 50K		
Combined Events				
<input type="checkbox"/> 110m H	<input type="checkbox"/> S/C	<input type="checkbox"/> Pentathlon	<input type="checkbox"/> Heptathlon	
<input type="checkbox"/> 200m H	<input type="checkbox"/> Octathlon		<input type="checkbox"/> Decathlon	
<input type="checkbox"/> 300m H				
<input type="checkbox"/> 400m H	<input type="checkbox"/> Cross Country			

ROAD RUNNING	<input type="checkbox"/> 5K	<input type="checkbox"/> 8K	<input type="checkbox"/> 10K	<input type="checkbox"/> 1/2 Mar	<input type="checkbox"/> Mar	<input type="checkbox"/> Ultra
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COACHING CERTIFICATION

Please indicate highest level completed in each component:
Theory: ____ Technical: ____ Practical: ____ CC#: _____

Event Area Specialty _____

Status: Full time Paid Part Time Paid Part Time Volunteer

Nbr. of athletes: Male: ____ Female: ____ Age range: _____

OFFICIALS CERTIFICATION

Enter Discipline Codes (See Reverse) and grade

Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PAYMENT INFORMATION

Membership Fee (listed on reverse) \$ _____

VISA MC AMEX

Cash Cheque - payable to BC Athletics

Card number ↑

Expiry Date ↑ Amount ↑

Cardholder Signature

BC Amateur Athletics Association Sport Safety / Acknowledgement of Risk

(this statement is part of the application for membership)

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 travelling 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 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 application form, signing and joining BC Athletics you consent to the collection of this 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 contact the BC Athletics Privacy Officer, Sam Collier at sam.collier@bcathletics.org

Applicant signature - ALL applicants must sign

Parent / Guardian signature - For applicants 19 and younger

Club Registrar signature - if not signed affiliation will show Unattached