#  2019 BC ATHLETICS AND PENINSULA TRACK MEMBERSHIP APPLICATION

##  Please submit completed form and all fees to Peninsula Track Registrar (Cheques made out to Peninsula Track)

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| **http://www.bcathletics.org/images/bcathletics-logo.png** | Phone: (604) 333-3550**Email:** **bcathletics@cathletics.org****Website: www.bcathletics.org** |

MEMBERSHIP TYPESIndicate all membership types applied for (details on attachment)

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| ATHLETE |  **Junior Development (9-13)** |  **Midget 14** |
|  **Midge 15** |  **Youth (16-17)** |  **Junior (18-19)** |
|  **Senior**  |  **Jr Post Secondary** |  **Sr Post Sec** |
|  **Master 35+** |  **Jr. Road and Trail**  |  **Road & Trail** |
|  |  **BC Games14** |  **BC Games 15** |
| **NON-COMPETITIVE** |  **Track Rascal**  |  **Training**  |
| NON-ATHLETE |  **Associate**  |  **Coach**  |  **Official Friend of BCA**  |
|  | Club  | **Executive** |  |
|  President |  **Secretary** |  **Registrar** |  **Treasurer** |
|  **H. Coach** |  **Off. Coord** |  **JD Coord** |  **Event Reg Coord** |
|  | BC Athletics Representation |
|  **BCA Board of Directors** |  |
|  **BCA Committee (list)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MM DD YY** **New Member or Renewing Member: BCA# \_\_\_ - \_\_\_\_\_\_\_**  **Athlete with a disability Aboriginal****Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female** **MM DD YY**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname Given Name Initial**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Prov** \_\_\_ **Pcode** \_\_\_\_\_Residence Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_Business Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please Print ClearlyCountry of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Club: PENINSULA TRACK AND FIELD CLUB |
| BC Athletics Privacy PolicyBy completing this membership form, signing and joining BC Athletics, you consent to the collection of the information and its use as per the BC Athletics Privacy Statement and Policy – see identifying Purposes – Appendix II of the Draft Policy available at [www.athletics.org](http://www.athletics.org). For more information or to limit the release of information contact the BC Athletics Privacy Officer, Sam collier at sam.collier@bcathletics.org  |
| **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.Applicants Signature: (ALL Applicants must sign):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(indicating they have read the above statements)Parent/Guardian Signature(For applicants 19 or younger): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Club Registrar Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Upon acceptance 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 (see section on Anti-doping to right) |

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| **PenLog2** | Registrar: Lesley Foster**Phone: (250) 656-5660****Email:** **lesley.foster@me.com**Website: [www.pentrack.org](http://www.pentrack.org) |

Further information for Peninsula Track Records

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| **Parent/Guardian Contact (if athlete under 19)****Name1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_****MEDICAL INFORMATION:** Please list any allergies and/or medication being taken. Also list any other medical problems about which the coaches should be aware.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDITION INFORMATION (optional):**Applicant Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parent/Guardian Occupation:** |
| **FEES (age as of Dec 31, 2019)** |  |  |
| **BC Athletics Membership:**  | **(HST** | **Included)** |
| Track Rascal | **$ 15.00** | **$ \_\_\_\_\_\_\_** |
| **Junior Development (9-13)** | **$ 60.00** | **$ \_\_\_\_\_\_\_** |
| **Midget 14** | **$ 70.00** | **$ \_\_\_\_\_\_\_** |
| **Midget 15** | **$ 73.50** | **$ \_\_\_\_\_\_\_** |
| **Competitive 16 to 39 years** | **$ 94.50** | **$ \_\_\_\_\_\_\_** |
| **Post-Secondary (18 to 22)** | **$ 73.50** | **$ \_\_\_\_\_\_\_** |
| **Master (40+)** | **$ 63.00** | **$ \_\_\_\_\_\_\_** |
| **Coach** | **$ 68.25** | **$ \_\_\_\_\_\_\_** |
| **Other** |  | **$ \_\_\_\_\_\_\_** |
| PENINSULA T&F CLUB |  |  |
| Track Rascal | **$ 40.00** | **$ \_\_\_\_\_\_\_** |
| Full Year |  |  |
|  **Single – (9 to 15)**  | **$ 150.00** | **$ \_\_\_\_\_\_\_** |
|  **Single – (16 to 19)** | **$ 200.00** | **$ \_\_\_\_\_\_\_** |
|  **Single – (20 to 39)** | **$150.00** | **$ \_\_\_\_\_\_\_** |
| March to July only |  |  |
|  **Single – (9 to 15)**  | **$ 100.00** | **$ \_\_\_\_\_\_\_** |
|  **Single – (16 to 19)** | **$ 150.00** | **$ \_\_\_\_\_\_\_** |
|  **Single – (20 to 39)** | **$ 100.00** | **$ \_\_\_\_\_\_\_** |
| **Additional Family member(s)**  |  |  |
|  **$ 30.00 less than above charges** |  | **$ \_\_\_\_\_\_\_** |
| **Masters member** | **$ 25.00** | **$ \_\_\_\_\_\_\_** |
| **TOTAL (one cheque)** |  | **$ \_\_\_\_\_\_** |
|  |
| COACHING CERTIFICATIONPlease indicate the highest level completed in each component:Theory: \_\_\_\_\_\_Technical: \_\_\_\_ Practical: \_\_\_\_\_ CC#: \_\_\_\_\_**Event Area Speciality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Status:* Full Time Paid Part Time Paid Part Time Volunteer**Number of athletes: Male: \_\_\_\_ Female: \_\_\_\_ Age range: \_\_\_\_\_\_\_\_\_ |
| OFFICIALS CERTIFICATIONEnter Discipline Codes (see attachment) and gradeDiscipline \_\_\_\_\_\_\_\_\_\_\_\_\_ Prov 1 2 3 4 5Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_ Prov 1 2 3 4 5Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_ Prov 1 2 3 4 5 |
| **Criminal Record Check (if required and on file):****Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_** |
| **Canadian Anti-Doping Program (CADP)**  Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CACP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to members of Athletics Canada and participants in Athletics Canada sanctioned activities. All members of Athletics Canada, whether in the role of athletes or athlete support personnel, are subject to the CADP. By signing this form, I acknowledge that I am a member of Athletics Canada and I am aware that the CADP applies to me and I consent to its application to me and/or my child. For further information, please visit the Athlete Zone on the CCES website http://cces.ca/athletezone |

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