

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)



Phone: (604) 333-3550
 Email: bcathletics@athletics.org
 Website: www.bcathletics.org



Registrar: Lesley Foster
 Phone: (250) 656-5660
 Email: lesley.foster@me.com
 Website: www.pentrack.org

MEMBERSHIP TYPES

Indicate all membership types applied for (details on attachment)

<input type="checkbox"/> ATHLETE	<input type="checkbox"/> Junior Development (9-13)	<input type="checkbox"/> Midget 14
<input type="checkbox"/> Midge 15	<input type="checkbox"/> Youth (16-17)	<input type="checkbox"/> Junior (18-19)
<input type="checkbox"/> Senior	<input type="checkbox"/> Jr Post Secondary	<input type="checkbox"/> Sr Post Sec
<input type="checkbox"/> Master 35+	<input type="checkbox"/> Jr. Road and Trail	<input type="checkbox"/> Road & Trail
	<input type="checkbox"/> BC Games14	<input type="checkbox"/> BC Games 15
<input type="checkbox"/> NON-COMPETITIVE	<input type="checkbox"/> Track Rascal	<input type="checkbox"/> Training

<input type="checkbox"/> NON-ATHLETE	<input type="checkbox"/> Associate	<input type="checkbox"/> Coach	<input type="checkbox"/> Official	<input type="checkbox"/> Friend of BCA
Club Executive				
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Registrar	<input type="checkbox"/> Treasurer	
<input type="checkbox"/> H. Coach	<input type="checkbox"/> Off. Coord	<input type="checkbox"/> JD Coord	<input type="checkbox"/> 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 Clearly

Country of Birth _____ **Citizenship** _____

Coach: _____

Club: PENINSULA TRACK AND FIELD CLUB

BC Athletics Privacy Policy

By 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. 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)

Further information for Peninsula Track Records

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)		
<u>BC Athletics Membership:</u>	(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		\$ _____
<u>PENINSULA T&F CLUB</u>		
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 CERTIFICATION

Please 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 CERTIFICATION

Enter Discipline Codes (see attachment) and grade

Discipline _____ Prov 1 2 3 4 5
Discipline _____ Prov 1 2 3 4 5
Discipline _____ 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 (CACDP), 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>

