

# 2020 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](mailto:bcathletics@athletics.org)  
 Website: [www.bcathletics.org](http://www.bcathletics.org)



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

## 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, 2020)		
<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		\$ _____
<b><u>PENINSULA T&amp;F CLUB</u></b>		
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	\$ _____
<b>TOTAL (one cheque)</b>		<b>\$ _____</b>

**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 _____	<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 _____	<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 _____	<input type="checkbox"/> Prov	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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>

### MEMBERSHIP TYPES

Indicate all membership types applied for (details on attachment)

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
NON-COMPETITIVE	<input type="checkbox"/> Track Rascal	<input type="checkbox"/> Training

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](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](mailto: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)

