



REGISTRATION FORM
SPRING/SUMMER 2017
TRACK RASCALS

Office use only

BC Athletics #

New Athlete Returning Athlete BC Medical # _____

Surname: _____ First Name: _____

Date of Birth: _____ Female: _____ Male: _____
(Month/Day/Year)

Citizenship: Canadian Landed Immigrant Date of Immigration _____

Student Visa Other

Country of Birth: _____

Aboriginal: Yes No

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email address: _____

(Please print clearly as this is our primary method of communication)

Mother's first & last Name: _____ Tel: _____

Father's first & last Name: _____ Tel: _____

Emergency Contact Name: _____ Tel: _____

Medical Concerns: Family Doctor: _____ Tel: _____

NB: it is important that your child's coach is aware of any medical conditions, allergies etc.

- I hereby for myself, my heirs, executors, administrators and sponsors, waive and release any and all rights that have or that might arise against the Okanagan Athletics Club Society, its affiliate associates, sponsors, agents or representatives for any and all injuries or losses suffered by me or my children while competing in or in connection with the program of the said society.
- I also give my permission to the coach or other staff members to secure medical assistance where speed is urgent or when parents or guardians cannot be contacted.
- I am/my child is in good physical health and permitted to take part in practices and competitions.
- The BC Athletics code of Conduct states that all athletic members avoid the use, advocating, condoning, promotion and distribution of banned substances, cases and methods as outlined in the handbook on Drug Classifications published by the Canadian Centre for Ethics in Sport. In signing this document I agree to follow this code or I will forfeit my membership.
- No refunds will be given on BC Athletics fees. Refunds on OAC fees will be given only before May 1st, and only with a written doctor's approval and inability to compete and only upon OAC executive approval.
- **Any medical conditions must be disclosed on medical section of application form.**

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

Canadian Anti-Doping Program (CADP) Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CADP), 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 below, 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. For further information, please visit the athlete Zone on the CCES website <http://cces.ca/athletezone>.

Parent/Guardian signature _____

FEES

Year of Birth (2011-2009)	Training Day	*BCA Fee	OAC Training Fee	Total Training Fees
Full Membership	Monday	\$15.00	\$125.00	\$140.00
Full Membership	Wednesday	\$15.00	\$125.00	\$140.00
Full Membership	Monday and Wednesday	\$15.00	\$195.00	\$210.00
3 x trial membership				\$50.00

3 x trial membership is 3 consecutive practices - \$50 fee deducted from total membership fees if athlete joins the club.

* Athletes who have been training in the winter program have already paid this fee for 2017. Just the OAC training fee applicable to these athletes.

PAYMENT OPTIONS

PAYMENT	\$	Signed
FULL PAYMENT (CHEQUE)		
FULL PAYMENT (CASH)		
FULL PAYMENT (CREDIT CARD)		

There will be a 15% discount on the OAC training fee for the 2nd sibling in one family and a 30% discount for the 3rd and subsequent siblings.

OAC training fee includes \$1 “paid voting membership fee” for parents/guardians of athletes who are not of the age of majority, to represent their child voting at the AGM.