

# 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 types applied for. Details on reverse.

<b>ATHLETE</b>	<input type="checkbox"/> Junior Development (JD)	<input type="checkbox"/> Youth (YTH)	<input type="checkbox"/> Junior (JUN)
	<input type="checkbox"/> Senior (SEN)	<input type="checkbox"/> Adult Recreation Runner (ARR)	<input type="checkbox"/> Master (M)
	<input type="checkbox"/> BC Games (BCG) - see reverse for restrictions		
<b>NON-ATHLETE</b>	<input type="checkbox"/> Associate (A)	<input type="checkbox"/> Coach (COA)	<input type="checkbox"/> Official (OFF)
<b>NON-COMPETITIVE</b> - see reverse for instructions			
	<input type="checkbox"/> Training (T)	<input type="checkbox"/> Track Rascal (TR)	<input type="checkbox"/> Friends of BC Athletics (F)
<b>Club Executive</b> 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.
<b>BC Athletics Representation</b>			
	<input type="checkbox"/> BCA Committee: _____		
	<input type="checkbox"/> BCA Board of Directors		

## 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.

## EVENT PARTICIPATION CATEGORIES

<input type="checkbox"/> <b>JUNIOR DEVELOPMENT 9 - 12 years</b>				
Please identify event area participation for Athletes 13 years and older:				
<b>Sprints</b>	<b>Distance</b>	<b>Jumps</b>	<b>Throws</b>	<b>Walks</b>
<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
	<input type="checkbox"/> 5000m	<input type="checkbox"/> PV	<input type="checkbox"/> JT	<input type="checkbox"/> 20K
<b>Hurdles</b>	<input type="checkbox"/> 3000m			<input type="checkbox"/> 50K
<input type="checkbox"/> 80m H	<input type="checkbox"/> 10000m	<b>Combined Events</b>		
<input type="checkbox"/> 100m 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		
<b>ROAD RUNNING</b> <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				
<b>COACHING CERTIFICATION</b>				
Please indicate highest level completed in each component:				
Theory: _____ Technical: _____ Practical: _____ CC#: _____				
Event Area Specialty: _____				
Status: <input type="checkbox"/> Full time Paid <input type="checkbox"/> Part Time Paid <input type="checkbox"/> Part Time Volunteer				
Nbr. of athletes: Male: _____ Female: _____ Age range: _____				
<b>OFFICIALS CERTIFICATION</b>				
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
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Discipline Code _____	<input type="checkbox"/> Prov.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## PAYMENT INFORMATION

Membership Fee (listed on reverse)    \$ \_\_\_\_\_

"Athletics" magazine - 1 year  
\$14.00(Can) \$18.00(USA) \$28.00(other)    \$ \_\_\_\_\_

**Total**    \$ \_\_\_\_\_

VISA     MC     AMEX  
 Cash     Cheque - payable to BC Athletics

**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

**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

Card number ↑ \_\_\_\_\_

Expiry Date ↑    Amount ↑

Cardholder Signature

Applicant signature - ALL applicants must sign

Parent / Guardian signature - For applicants 19 and younger

Club Registrar signature - if not signed affiliation will show Unattached