

KAMLOOPS TRACK AND FIELD CLUB

2011 – 2012 Club Membership & BC Athletics Membership

Athlete Information:

Application Date: _____

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: M or F Aboriginal: Yes or No

Citizenship (circle one): Canadian, Landed Immigrant, Minister's Permit, Student Visa, Other: _____

Immigration Date (if applicable): _____ Athlete with a Disability: Yes or No Diabetes? Yes or No

Medical Alerts: _____

Any Medications: _____

Family Physician: _____ Medical Number: _____

FOR OFFICE USE ONLY

Membership Type(s): _____ Coach Name: _____

Contact Information:

Father: _____ Mother: _____

Address: _____ City: _____ Postal: _____

Phone H: _____ Work #: _____ Cell #: _____

Parent's e-mail: _____ Athlete's e-mail: _____

Athlete's School: _____

Mother's Occupation: _____ Father's Occupation: _____

Emergency Contact Name: _____ Phone #: _____

| Program | Age | Program Fee | BCA Fee | Total Due | Amount Paid Today | Amount Owing | T-shirt size | T-shirt Rec'd |
|---------|-----|-------------|---------|-----------|-------------------|--------------|--------------|---------------|
| | | | | | | | | |

Amount(s) & Date(s) of Post-Dated Cheque(s)

BC Amateur Athletics Association:

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

BC Amateur Athletics Association Sport Safety/Acknowledgement of Risk

(This statement is apart 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 traveling 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 or injury by so participating.

Applicant signature: (ALL applicants must sign) _____

Parent/Guardian signature: (For applicants 19 and younger) _____

Club Registrar signature: _____

Kamloops Track and Field Club Agreement:

In becoming a member of the KTFC each member and their parent(s) agree to the following:

- Athletes/Parents will volunteer during all KTFC track meets (Kamloops Indoor Champs, Kamloops Centennial, others).
- All athletes/parents are required to participate in our annual Manure Sale and support other fund raising events sponsored by the club.
- All athletes/parents agree to having their photos posted on the club website.

Athlete/Parent signature: _____ **Date:** _____
(Parent must sign if athlete is 19 or younger)