

2017 South Fraser Track and Field Club Registration Form

Last Name: _____ First Name: _____ Middle Initial: _____

BC Athletics # (leave blank if new) _____ Birth Date: __m_ / __d_ / __y_ Gender: ____

Citizenship: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____ Parents' Names: _____

How did you hear about us _____

Club Membership Category (Age)	Fees	Volunteer Hours Deposit PER FAMILY	Total Cost
Track Rascals (6-8 yrs) (April 4th – June 29th)	\$200.00	\$50 / 5 hrs	\$250
J.D. Train (9-13 yrs) (Feb 1st – July 28th)	\$300.00	\$100 / 10 hrs	\$400.00
J.D. Competitive (9-13 yrs) (Feb 1st.-July 28th)	\$325.00	\$100 / 10 hrs	\$425.00
Midget Training/Competitive (14/15 yrs.) (Feb 1st.-July 28th)	\$375.00	\$100 / 10 hrs	\$475.00
Youth Training/ Competitive (16/17 yrs) (Feb 1st –Jul 28th.)	\$400.00	\$100 / 10 hrs	\$500.00
Junior Training/Competitive (18/19 yrs) (Feb.1st – Jul 28th.)	\$425.00	0	\$425.00
Senior Training/Competitive (20+ yrs.) (Feb 1st. – Jul 28th.)	\$425.00	0	\$425.00
Masters (35+ yrs.) (Feb 1st. – Jul 28th.)	\$185.00	0	\$185.00
X-Country/Fall (Sept 5th 2017 – Nov 30th.)	*\$150.00 New \$50 returning	0	\$150.00

Registration fees are payable in 1 or 2 installments or post-dated monthly cheques for the 1st of the month.

*Anyone new signing up for X-country or Fall Training

VOLUNTEER Fees are per family and are refundable at the end of the year.
2015 returning athletes will have their volunteer fee roll over into 2016 season.
Registration fees cover 2017 BC Athletics Membership.

No competitive events are included in the registration fee. Athletes pay for their own events. .

Discounts:

Community Clubs - register 3+ athletes - 10% discount; register 5+ athletes - 20% discount, register 10+-
30% discount. BRING A FRIEND/SIBLING \$25 DISCOUNT

BC AMATEUR ATHLETICS ASSOCIATION SPORT SAFETY / ACKNOWLEDGEMENT OF RISK

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 that on behalf of myself and/or my child, I assume the shared responsibility and acknowledge the risk of injury by so participating.

Date: _____ Signature (All Applicants) _____

(Guardian signature if under 18): _____ Club Registrar Signature _____

SOUTH FRASER TRACK AND FIELD CLUB SAFETY / ACKNOWLEDGEMENT OF RISK

In consideration of your accepting my child's application for membership in **South Fraser Track And Field Club (the "Club")**, I forever release and discharge the Club, its directors, officers, coaches, employees and agents (collectively the 'participants') from any and all actions, damages, claims, demands, costs and expenses whatsoever which might arise by reason of traveling to or from or participating in training session or competitions whether or not incurred by the negligence of a Participant, and I agree to indemnify and save harmless the Participants, their personal representatives, successors and assignees, against and from all damages, claims, demands, costs and expenses which may hereafter be brought or made against them by or on behalf of myself/my child because of traveling to or from or participating in training sessions or competitions whether or not incurred by the negligence or any of the Participants, except to the extent and amount covered by accident or liability insurance or both.

Date: _____ Signature (Guardian signature if under 18): _____

IMPORTANT: The club compiles pictures of its members to be added to its website. We will **NOT** include your photograph(s) on the web site when you initial here (guardian initials if under 18). _____

PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

BC Care Card # _____

Family Doctor: _____ Dr. Phone: _____

Emergency contact: _____

Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

I, _____ (parent or guardian) authorize an adult representative of **South Fraser Track and Field Club** to act in my place if I cannot be located, to provide consent for medical or surgical treatment for _____ (athlete's name) for any condition which in the doctor's opinion would be adversely affected by undue delay.

Signature: _____

Make cheques payable to "**South Fraser Track & Field Club**".