



Registration Form

Application Date: _____ BC Athletics # (leave blank if new) _____
 Birth Date: _____ Gender: _____ Citizenship: _____
 Last Name: _____ First Name: _____ Initial: _____
 Address: _____
 City: _____ Prov./State: _____ Postal Code: _____
 Email: _____ Phone: _____
 Parents Name: _____

Category (age on Dec. 31)	Age	Yearly Fee
Bantam	13 + Under	\$380
Midget	14/15	\$380
Youth	16/17	\$425
Junior	18/19	\$425
Senior	20+	\$425
University	22 + Under	\$325
Masters + Rec.	35+	\$250

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 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 (Guardian signature if under 18): _____

COASTAL TRACK CLUB SPORT SAFETY / ACKNOWLEDGEMENT OF RISK

In consideration of your accepting my child's application for membership in Coastal Track 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 a contact list of its members that includes names, phone numbers and email addresses only. This list will be sent to members so that they may contact other athletes for transportation and social purposes. We will not include you on this list unless we have your approval. Please initial here (guardian initials if under 19).

I wish to be included on the contact list: _____

PARENTAL AUTHORIZATION FOR MEDICAL SURGICAL TREATMENT

I, _____ (parent or guardian) authorize an adult representative of Coastal Track Club to act in my place if I can not 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.

BC Care Card or Insurance # _____ Make cheques payable to
"Coastal Track Club"