



Application date: _____

BC Athletics # _____ (Renewing members can look up number <https://www.trackie.com/members/lookup.php>. New members will not have a BC Athletics number yet.)

Athlete's Name: _____

Athlete's contact phone #

Parent's Name & Phone (if athlete is under 18) OR
OR Emergency contact Name & Phone for athletes 19 and older.

Street Address

City

Postal Code

Email Address

Parent's email (if athlete is under 18)

Date of Birth (YYYY/MM/DD)

Gender

Athlete with Disability (Y/N)

Country of Birth

Citizenship/Immigration Date

Aboriginal Canadian (Y/N)

Membership Type (see Membership Fee Structure Categories below) _____

2018 Membership Fee Structure & Categories When choosing your age/membership category please calculate your age as of December 31, 2018.

Full Member Competitive Athletes		Price
Junior Development (9 to 13 years)	\$ 490.00	<i>Returning athletes in this category are eligible for a \$30 early bird discount if registration is completed by January 31, 2018.</i>
Midget (14/15 years)	\$ 490.00	
Youth (16/17 yrs)	\$ 535.00	
Junior (18/19 yrs)	\$ 545.00	
Senior (20+)	\$ 560.00	
Adult / Masters competitive Athletes		
Masters (35+) (over 65, discount fee by \$25)	\$ 265.00	<i>Returning Adult and Masters athletes are eligible for a \$30 early bird discount if registration is completed by January 31st 2018.</i>
Road & Trail (20+)	\$ 265.00	
Seasonal Competitive Athletes (part year)		
Spring High School Training (Grade 8-12)	\$ 265.00	
University Athlete Training	\$ 290.00	
Second Club Memberships		
Second Club Competitive Membership	\$ 290.00	
Seasonal Non Competitive Athletes		
Track Rascals	\$ 110.00	

Club and BCA fees are non-refundable.

Included in Membership Fees

Kajaks Practice shirt: ALL *Full Member Competitive Athletes* will receive a Kajaks Practice Shirt as part of registration. Additional Practice Shirts and Singlets are available for purchase through our club uniform coordinators. **in February 2018.

BC Athletics Fee: Kajaks will pay the athlete's BC Athletics fees and BC Team fees.

New members must supply a copy of their birth certificate. Membership fees are due and payable on date of application. Application must be submitted and confirmed before an athlete can train or compete with the Club.

NOT Included in Membership Fees

Track meet and/or race entry fees are NOT included with the Kajaks membership fees.

Volunteer Activities & Kajaks Volunteer Culture:

Acceptance of your membership is subject to your being able to do volunteer work for the Club.

A major portion of the Club's income is generated from the efforts to organize meets (The BCEC, Richard Collier Big Kahuna & Spring Fling Throwsfests, Harry Jerome meets) and the IceBreaker Road Race. **Volunteers are crucial to hosting these events and for us to continue to offer the programs currently in place – our goal with all our fundraising is to keep our program costs for Kajaks athlete as low as possible. We are very grateful for your participation!**

Volunteer Commitment Deposit - \$300

ALL Full Member Competitive Athletes (and/or their parents/guardians) are expected to support Club activities through volunteering. Opportunities to volunteer are advertised within the club on a regular basis and online tracking is available. A volunteer can be designated to fulfill volunteer requirements, ie: parents, spouses, siblings, etc.

A surcharge cheque in the amount of \$300.00, post- dated to November 1st 2018 is required with the membership for all *Full Member Competitive Athletes*. The deposit cheque will be destroyed upon confirmation of the completion of 30 hours of volunteer work for the club. Family plan: add 10 hours per child and maximum deposit of \$400.00.

Volunteer hours are required, without a deposit cheque, in the following categories:

- **Adult / Masters competitive athletes** are expected to complete 20 hours.
- **Seasonal Competitive Athletes:** for members in the *Seasonal competitive athletes they or their* parents are expected to complete **5 hours** of volunteer time at the BCEC Meet in May.
- **University Athlete Training members** are expected to complete 10 hours
- **Seasonal non-competitive Athletes:** the parents of Intro to Track and Track Rascals are not required to volunteer at club hosted events but are welcome to assist if desired.

WAIVER CLAUSE & MEMBERSHIP - This must be signed By All Kajaks Members

By joining Kajaks and signing below I agree to abide by the **BC Athletics Code of Conduct** which ensures our athletes and coaches operate in a respectful, safe environment. To read the Code of Conduct in full please refer to:

<http://www.bcathletics.org/Content/bc-athletics-codes-of-conduct/25/>

In consideration of your accepting my/my child's application for membership in the Kajaks Track and Field Club (the "Club"), I forever release and discharge the Club, it's 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 travelling to or from or participating in training sessions or competitions whether or not incurred by the negligence of any Participant, and I agree to indemnify and save harmless the Participants, their personal representatives, successors and assigns, against and from all actions, damages, claims, demands, costs and expenses which may hereafter be brought or made against them or any of them by or on behalf of myself/my child because of travelling to or from or participating in training sessions or competitions whether or not incurred by the negligence of any of the Participants, except to the extent and amount covered by accident or liability insurance or both.

I HEREBY APPLY FOR MEMBERSHIP IN THE KAJAKS TRACK AND FIELD CLUB AS AN ACTIVE MEMBER.

Date

Signature of Athlete

Note: if athlete is 18 years or younger, they should sign above and the statement is to be co-signed by their parent/legal guardian. If address of parent/guardian is different than above, please provide it.

Date

Signature of Parent / Guardian

Print Parent/Guardian's First & Last Name

Relationship to Athlete

GENERAL COMMUNICATION: EMAIL CONSENT

This email communication consent must be signed in order to receive club and program information as all Kajaks correspondence provided by email. In order for us to communicate with you, please circle and sign to indicate your consent.

YES NO

I agree to receive periodic email communication from Kajaks regarding club and program information. If I wish to remove myself from these mailings and provide for a period of 10-20 business days to be removed from these email communications.

Signature of Athlete's Parent OR Adult Athlete

Email address for Kajaks Communication

BC ATHLETICS POLICIES: these 3 policies are the cornerstone of operations for a safe and secure training environment for all Kajaks Athletes.

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 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 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 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>.

All Kajaks Athletes must sign - Applicant signature

Note: if athlete is 18 years or younger, they should sign above and the statement is to be co-signed by their parent/legal guardian. If address of parent/guardian is different than above, please provide it.

Date

Signature of Parent / Guardian

Print Parent/Guardian's First & Last Name

Relationship to Athlete

Photo Release/Waiver Form

The Kajaks Track and Field Club asks your permission to take one or more photographs of you and/or your child to use, reproduce, and to release to other such photographs. By digitally signing this photograph release/waiver, you are agreeing to the terms set out in this form.

I, _____, agree to permit Kajaks Track and Field Club to take one or more photographs of me and/or my child(ren) to use, reproduce and to release to others such images whether in print, digital or electronic formats without payment or any other compensation to me and/or my child(ren), for any Club purposes. Such purposes may include using them in Kajaks Club publications, posters, brochures, online/internet or other media for promotional, social, recreational, research, good will and archival purposes. Kajaks may also provide these images to a third party providing a service to Kajaks for use in connection to providing that service such as advertising, social media networking, event promotion.

Extent of Use: I agree and acknowledge that my image or that of my child may be seen worldwide via the internet or printed media. (Circle one)

Agree Do NOT Agree

Usage: I agree not to sue Kajaks Track and Field Club, or its employees, officials, volunteers, representatives, agents or contractors or bring claims against them of any nature in connection to any matters referred to in this Photograph Waiver/Release including, without limitation, the use, reproductions or release of my image or that of my child(ren). (Circle one)

Agree Do NOT Agree

Name Usage: I also agree to the inclusion of my name and/or that of my child(ren) in connection to any of the matters referred to herein.

Agree Do NOT Agree

Personal contact information will be treated as confidential, subject to statutory requirements, lawful orders or directives, unless you consent in writing to a further request for its release. By providing your signature below you accept this waiver/release and all the terms stated herein. Athlete's aged 18+ may sign this waiver otherwise the signature of the athlete's parent/guardian is required.

Athlete's First & Last Name

Parent / Guardian First & Last Name

Date

Signature of Athlete over 18 **OR** Parent/ Guardian

Medical Details for Athlete

All members are required to complete this medical form and submit updates as appropriate.

First Name Last Name Phone #

Street Address City Postal Code

Family Doctor's Name Doctor's Phone # Medical Insurance # (MSP)

In Case Of Emergency - please contact:

First & Last Name of Emergency Contact Relationship to Athlete

Home Phone Cell Phone Work Phone

If the Athlete is taking any medications which may affect his/her performance, list all related medications here:

_____ Please explain _____

If the Athlete has any recent injuries please list them here:

_____ Please explain _____

Is the applicant subject to any allergies such as drugs, food, insect stings, etc.? Yes No

Please explain _____

List any/all chronic conditions of which the staff should be aware -- Please check below:

Diabetes _____ Epilepsy _____ Heart Trouble _____ Other _____

Please specify details of medication or treatment necessary: _____

To the best of my knowledge, the aforementioned athlete/applicant is in good health and the medical information is accurate. Should there be any changes in the physical condition of the applicant during the season which will adversely affect performance I will inform the coach immediately.

SIGNATURE _____ DATE _____
Signature of Parent or Guardian

Registration Check List

Please complete all of the forms provided in this document (pages 1-6).

Parents please note the places where your athlete must also sign the document (pages 3 & 4).

Please mail the completed application forms to the REGISTRAR and enclose both cheques: (1) Membership fee and (2) if applicable, the Volunteer deposit. All cheques are payable to:

Kajaks Track & Field Club

Mailing Address:

Kajaks Track & Field Club

Suite # 216, 186 – 8120 No.2 Road

Richmond, B.C. V7C 5J8

For Kajaks administration use only:

Documentation complete Yes No	Date	Notes:
Payment date	\$ #	Notes:
Payment date	\$ #	Notes:
Volunteer Deposit received	\$	Notes:
Updated: Trackie	Coach	Singlets (new mbr only)
		Email lists
		Roster
		Volunteer tracking