



BC Athletics Athletics Post Secondary (School) Affiliate Club Membership Application

\$262.50 (GST #127293264)

The purposes of the Athletics Post Secondary (School) Affiliate Club includes:

The training of Athletes

The hosting of events: competitions, camps and workshops

Competition in college/university and athletics association sanctioned competitions.

Promotion and development of the Sport of Athletics.

- All competitive members of the Athletics Post Secondary Affiliate (School) Club team are required to have current and appropriate membership with BC Athletics or other Provincial/Territorial or National athletics federations (as per BC Athletics, Athletics Canada and IAAF Rules).
- There must be a minimum of 5 first claim individual members in the club.
- The period of membership is from January 1st to December 1st each year .

Include with this application form:

1. Criminal Records Check for Coach members
2. A list of any competitive team members who hold a membership outside of B.C. (see list below)
3. list of any non-competitive team members who wish to take part in BC Athletics sanctioned events by paying a \$3.00 Day of Event fee.(see list below).

Club: _____

Colours: _____

Club Mailing Address:

Club Invoicing Address: (if different from mailing address)

Club phone: (____) _____

Club fax:: (____) _____

Email: _____

Website: _____

Registered Non-Profit Society with the Registrar of Companies, Province of BC?

Yes **No**

Provide a copy of the: guiding mandate, vision and/or mission statement for the University/College/Post Secondary School as relates to the inter-university/inter-college/inter post secondary sport program.

Provide a list the associations and/or conference affiliations for the inter-university/inter-college/inter-post secondary school competition your school competes in.

The following acknowledgement is part of the membership process and must be completed & signed

BC Amateur Athletics Association Acknowledgment of Club Membership Responsibilities.

Upon acceptance as a member club of BC Athletics, _____

agrees to abide by the bylaws, rules and policies of BC Athletics and Athletics Canada.

Date (MM/DD/YY)

Signature of club President or Head Coach

Training Venue(s) - (Track & Field Stadiums, Schools, Parks, Community Centres etc.)		
Name:	Name:	Name:
Location:	Location:	Location:
Seasons:	Seasons:	Seasons:
Times:	Times:	Times:
Is your training facility shared with other athletics/sport groups? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES please give details: _____		

INDICATE PROGRAMS PROVIDED IN THE AREAS IDENTIFIED BELOW

<input type="checkbox"/> Track & Field <input type="checkbox"/> Sprints <input type="checkbox"/> Long Jump <input type="checkbox"/> Shot Put <input type="checkbox"/> Pentathlon <input type="checkbox"/> Hurdles <input type="checkbox"/> Triple Jump <input type="checkbox"/> Discus <input type="checkbox"/> Heptathlon <input type="checkbox"/> 800M - 5000M <input type="checkbox"/> High Jump <input type="checkbox"/> Hammer <input type="checkbox"/> Decathlon <input type="checkbox"/> 10000 - Marathon <input type="checkbox"/> Pole Vault <input type="checkbox"/> Weight <input type="checkbox"/> Steeple Chase <input type="checkbox"/> Walks <input type="checkbox"/> Javelin	<input type="checkbox"/> Road Running <input type="checkbox"/> Cross Country	<input type="checkbox"/> Paralympic <input type="checkbox"/> Wheelchair <input type="checkbox"/> Amputee <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Blind <input type="checkbox"/> Intellectually Disabled
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EVENTS YOUR CLUB WILL HOST

Date	Event	RR, T&F, XC, RW

ATHLETIC DEPARTMENT CONTACTS

ATHLETIC DIRECTOR

Name:	BCA #
Ph:	Fax: Email:

ASSISTANT ATHLETIC DIRECTOR

Name:	BCA #
Ph:	Fax: Email:

HEAD COACH

Name:	BCA #
Ph:	Fax: Email:

CLUB COACH & PROGRAM CONTACTS

Program/Event Area	Name	BCA#	Phone	Fax

