



Junior Development/Midget Spring Track & Field

April - June 2017

9 - 15 Years of Age (as of Dec 31, 2017)

Returning 2016 Member

New Member

www.victrack.ca

2017 REGISTRATION FORM

PLEASE PRINT CLEARLY

ATHLETE INFORMATION			OFFICE USE ONLY
Last Name	First Name	Age (as of Dec 31/17)	Date Received
Address		Birthdate (Y/M/D)	Received From
City	Province	Postal Code	Cash/Chq:
BC Athletics No: (if you have one)	Completed Medical Form Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Volunteer Deposit Chq: Y or N

PARENT/GUARDIAN INFORMATION			
Parent/Guardian Contact #1	Email	Phone #1	Phone #2
Parent/Guardian Contact #2	Email	Phone #1	Phone #2
Emergency Contact	Relationship to Athlete	Phone #1	Phone #2

REGISTRATION & PAYMENT FEE INFORMATION	
<p><b>Choose 1 option:</b></p> <p>Competitive Membership with meet fees* <input type="checkbox"/> \$375.00</p> <p>Competitive Membership without meet fees <input type="checkbox"/> \$275.00</p> <p>Training Only Membership <input type="checkbox"/> \$200.00</p> <p><b>Then subtract if applicable:</b></p> <p>2nd or 3rd Child "JD" Discount * <input type="checkbox"/> (\$25.00)</p> <p><b>Total Fees Attached:</b> \$ _____</p> <p><i>*Club will pay meet entry fees up to \$100 total on your behalf</i></p> <p><i>** Select this discount if this is your 2nd, 3rd...family member registration</i></p> <p><i>Competitive Membership includes required BC Athletics fee (\$60 JD, \$70/73 Midget)</i></p> <p><i>Training Only Membership includes required BC Athletics fee (\$15.75)</i></p>	<p><b>PLEASE MAKE CHEQUE PAYABLE TO:</b></p> <p><b>Victoria Track &amp; Field Club</b></p> <p><b>DELIVER PAYMENT TO:</b></p> <p><b>1722 Carrick Street</b></p> <p><b>Victoria, BC V8R 2M2</b></p> <p><b>FORMS CAN BE EMAILED TO:</b></p> <p><a href="mailto:mesmananita@gmail.com">mesmananita@gmail.com</a></p> <p><b>CANCELLATION POLICY:</b></p> <p><b>No refunds issued after April 15, 2017</b></p> <p><b>BC Athletics membership fees are non-refundable</b></p>

**PARENT PARTICIPATION**

Pacific Athletics is run by volunteer coaches and parents. **Participation by parents/guardians is mandatory** and includes: helping run the VIAA Dogwood meet; officiating at meets; assisting the volunteer coaches with the set-up and dismantling of equipment at practices; participating in fundraisers; committing to a position in the administration of the Junior Development/Midget program. **By signing this form you agree to participate as required.**

PARENT/GUARDIAN CONSENT	
<p>On becoming a registered athlete, I hereby, for myself, my heirs, executors and administrators: waive and release any and all rights and claims for damages I may have against Victoria Track &amp; Field Club, its agents, representatives, successors, and assigns, for any and all injuries suffered.</p>	
<p>Parent/Guardian Signature: _____</p> <p>Date: _____</p> <p>Print First and Last name: _____</p>	<p><b>Reminder:</b></p> <p>Medical form (see page 2) and payment must accompany this Membership Application</p>
<p><b>I give permission for my child's photo to appear on VTFC's Website.</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	



# Junior Development Spring Track & Field

April - June 2017

9 - 15 Years of Age (as of Dec 31, 2017)

## MEDICAL INFORMATION

[www.victrack.ca](http://www.victrack.ca)

PLEASE PRINT CLEARLY

ATHLETE & PARENT/GUARDIAN INFORMATION		
Last Name	First Name	Birthdate (Y/M/D)
Address		
City	Province	Postal Code
Emergency Contact #1	Phone #1	Phone #2
Emergency Contact #2	Phone #1	Phone #2

### PLEASE CHECK ALL THAT APPLY

PREVIOUSLY HAD	IF SUBJECT TO/OR HAS	DRUG ALLERGIES (please list)
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Cramps	
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Bronchitis	
<input type="checkbox"/> Hernia	<input type="checkbox"/> Diabetes (type 1)	INSECT ALLERGIES (please list)
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Diabetes (type 2)	
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Asthma	OTHER ALLERGIES (please list)
<input type="checkbox"/> Concussion	<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Rheumatic Disease	<input type="checkbox"/> Hay Fever	
<input type="checkbox"/> Other (please list)	<input type="checkbox"/> Other (please list)	
		MEDICATIONS (please list)
Date of last Tetanus Vaccination		Care Card Number
Family Physician		Physician Phone Number

Please list specific past or existing athletic injuries that may hinder your child's participation in certain activities

### PARENT/GUARDIAN CONSENT

This form provides the PARENTS'/GUARDIANS' permission and authorizes a designated Coach, Coordinator, Executive Member or Team Manager of Victoria Track and Field Club to act on their behalf in the event of a medical emergency.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print First and Last Name: \_\_\_\_\_

**This form must be completed, signed and returned to the Registrar before your child can participate in Vic Track activities.**