

UNIVERSAL ATHLETICS CLUB REGISTRATION FORM

NAME:

MALE

FEMALE

DATE OF BIRTH:

ADDRESS:

POSTAL CODE:

PHONE:

E-MAIL:

SCHOOL:

BC ATHLETICS NUMBER (IF ANY):

COPY OF BIRTH CERTIFICATE ATTACHED?

YES

NO

COACH:

FATHER'S NAME:

WORK PHONE:

MOTHER'S NAME:

WORK PHONE:

FAMILY PHYSICIAN NAME:

FAMILY PHYSICIAN PHONE:

BC CARE CARD #:

ANY PREVIOUS/CURRENT MEDICAL CONDITIONS?

ACKNOWLEDGEMENT OF RISK

The responsibility of sport safety must be shared by all.

I, _____ (applicant/parent of applicant), am thus aware that there is a certain risk of injury involved in mine or my child's participation in sport, traveling, or while participating in training, programs, activities, events, and/or competitions 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 an understanding of the above on my behalf and/or the behalf of my child. I assume the shared responsibility and acknowledgement of the risk involved.

PARENT(S)' SIGNATURE:



SIGN HERE

APPLICANT'S SIGNATURE:



SIGN HERE
