

BCSSA Athlete Registration 2017

Club Initials: CLO

Region: Fraser South

BCSSA Number:

Athlete Information: Please Print Clearly			
Last Name:	First Name:	Preferred Name: <small>(if different than first name)</small>	Gender: M / F
BirthDate: <small>DD/Month/YY (spell out month)</small>	Proof: Care Card <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Other _____ Witnessed _____ <small>Initials Mandatory</small>
Father's Last Name:		Father's First Name:	
Mother's Last Name:		Mother's First Name:	
Mailing Address:			
City:	Postal Code:	Home Phone:	Check Primary Email
Father: Office #	Cell #	Email	<input type="checkbox"/>
Mother: Office #	Cell #	Email	<input type="checkbox"/>
Is a secondary mailing address necessary? If yes, circle and please print information on the back of this form. YES / NO			
Medical Condition pertinent to Registration:			
Medication:			
Has the Athlete been registered with BCSSA before ? Yes / No <small>(Circle)</small>			
If yes & BCSSA number not printed above: Club _____		Region: _____	Aquatic Activity: _____

Status: ALL of the following questions must be completed to register		Circle Answer
Swimming	In the past 3 years has the athlete achieved a Senior National Qualifying Time in any non-BCSSA Meet ?	YES NO
Water Polo	Has the athlete participated in any Water Polo Activity listed in the current BCSSA 'Player Eligibility' section of the rule book ?	YES NO
Synchronized Swimming	Has the athlete been registered as an A, NS, PS or M amateur athlete from Syncro BC ?	YES NO
Diving	Has the athlete attained an Age Group National Standard within their current DPC age group within the past two years?	YES NO
Since October 1 of last year has the athlete participated in any of the following:		
1. Did he/she train or compete for more than two (2) hours in any week in an organized swimming activity ?		YES NO
2. Did he/she train or compete for more than two 1/2 (2.5) hours in any week in an organized syncro activity ?		YES NO
3. Did he/she train or compete for more than four (4) hours in total in any week in all aquatic activity(s) ?		YES NO
If yes to any question #1-3 please explain:		
4. Did he/she compete in any swim meet between Oct 1 and April 30 (excluding school related meets between Oct 1 and Nov 30)?		YES NO
If yes to #4 provide Meet: _____		Date: _____
Registering for: (circle each)		This box to be completed by Club Registrar STATUS (circle one) S O
Swim	Water Polo	
Coach (if applicable): Paid Volunteer Aquatic _____		

The Cloverdale Tritons collects, uses and discloses your personal information for the purposes of verifying identity, registering swimmers, distributing BCSSA information, and fulfilling administrative and competitive functions of the aquatic programs within the BCSSA and its Member Clubs. It is a requirement of registration that the information be provided and, that it will only be used for the purposes indicated or purposes reasonably related. By your signature of this form you signify your consent to the collection, use and disclosure of your personal information to BCSSA and its Member Clubs in accordance with BCSSA's Privacy Policy.

I certify that the above information is correct to the best of my knowledge:

(A parent or legal guardian must sign if the applicant is under 19 years of age. By your signature, you accept the responsibility of your child in this association.)

Applicant or Parent/Guardian:

Signed: _____ **Date:** _____ **Printed Name:** _____

Registration Not Valid Unless All Questions Answered and Form Signed