

BCSSA Athlete 2015

Club Initials: RIC Region: Fraser South Registration 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 Ca <input type="checkbox"/>	Birth Certifica <input type="checkbox"/>	Other _____ Witnessed _____ <small>Initials Mandatory</small>
Father's Last Nam		Father's First Name	
Mother's Last Nam		Mother's First	
Mailing Addre			
City:	Postal Code	Home Phone	Check Primary Em
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-Conditions pertinent to Registration:			
Medication:			
Has the Athlete been registered with BCSSA before ? <small>(Circle)</small>			
Yes <input type="checkbox"/> BCSSA number not printed _____		Region _____	Aquatic Activity: _____
above: Club _____ :			

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 non-BCSSA Meet ?	YES NO
Water Polo	Has the athlete participated in any Water Polo Activity listed in the current BCSSA 'P 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 S	YES NO
Diving	Has the athlete attained an Age Group National Standard within their current 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 swim		YES NO
2. Did he/she train or compete for more than two 1/2 (2.5) hours in any week in an organized		YES NO
3. Did he/she train or compete for more than four (4) hours in total in any week in all aquat		YES NO
If yes to any question #1-3 please ex		
4. Did he/she compete in any swim meet between Oct 1 and April 30 (excluding school rela between Oct 1 and Nov 30)?		YES NO
If yes to #4 provide Meet:		Date:
Registering for: (circle each)		This box to be comple by Club Registrar STATUS (circle one S
Swim	Water Polo	
Coach (if applicable): Paid _____ Volunteer _____		Synchro Swim _____ Dive _____ Aquatic _____

The Richmond Kigoos Swim Club collects, uses and discloses your personal information for the purposes of verifying identity, registering swimmer, 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 you

Applicant or Parent/Guardian:

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

Registration Not Valid Unless All Questions Answered and Form Signed