



British Columbia Bobsleigh & Skeleton Association
 c/o The Whistler Sliding Centre
 P.O. Box 1578, 4910 Glacier Lane
 Whistler, BC V0N 1B4
 Ph. 604-402-1478
 F. 778-328-6676

Membership Application 2009 - 2010

Information must be filled out for **Insurance Purposes** for Athletes, Officials, and Volunteers
 Athletes under the age of 18 **must** be part of a family membership, which includes at least one parent or legal guardian.

Last Name:		First Name:	
<input type="checkbox"/> Athlete	<i>and/or</i>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Bobsleigh or <input type="checkbox"/> Skeleton
<input type="checkbox"/> Official		<input type="checkbox"/> Pilot <input type="checkbox"/> Brakeman/Crew	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		City:	Prov: BC P. Code:
Home: ()	Work: ()	Cell: ()	
Date of Birth (dd/mm/yyyy):		Health Care # (Sliders Only):	

Spouse Last Name:		First Name:	
<input type="checkbox"/> Athlete	<i>and/or</i>	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Bobsleigh or <input type="checkbox"/> Skeleton
<input type="checkbox"/> Official		<input type="checkbox"/> Pilot <input type="checkbox"/> Brakeman/Crew	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth (dd/mm/yyyy):		Health Care # (Sliders Only):	

E-mail _____

E-mail is a primary form of communication - please provide an email address which will allow us to communicate directly with the members.

Children under 18 years of age:

First Name	Last Name (If different from above)	Address (if different from above)	Gender	Type of Member	Date of Birth (dd/mm/yyyy)	Health Care # (Sliders only)
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Athlete <input type="checkbox"/> Volunteer		
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Athlete <input type="checkbox"/> Volunteer		
			<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Athlete <input type="checkbox"/> Volunteer		

Waiver:

"In consideration of my involvement with the BC Bobsleigh & Skeleton Association and its members, I hereby indemnify and save harmless the BC Bobsleigh & Skeleton Association and any members thereof from all claims of every nature and cause however caused, which may arise from my membership in or involvement with the BC Bobsleigh & Skeleton Association."

Signature: _____ Date: _____

Privacy Act:

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to register you into the program and will only used to contact you regarding facilities, services and other programs. Medical information will only be used in a medical emergency.

For those 18 and under, a Parent/Guardian must sign.

Applicant: I have read the above Privacy Act statement

(Please Sign): _____

Spouse: I have read the above Privacy Act statement

(Please Sign): _____

BCBSA Membership Fees:

Officials & Volunteers: \$25 - Fee covers all officials/volunteers and their family members (athletes not included).

Athletes:

Bobsleigh: Fee covers athletes and their family members.
 Pilots - \$100
 Brakemen/Crew - \$50
Skeleton: \$100 - Fee covers athletes and their family members.

Payment:

Cheque or Cash
 Please make cheques payable to BC Bobsleigh & Skeleton Association.

Membership expires July 31st each year