



Membership Application 2023 – 2024

The information must be filled out for **Insurance Purposes** for Athletes, Officials, and Volunteers.
 Athletes under the age of 19 **must** be part of a family membership, which includes at least one parent or legal guardian.

Membership Applicant

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

Spouse or Parent/ Legal Guardian if applicant is under 19 years of age.

Last Name:		First Name:	
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Family	Date of Birth (dd/mm/yyyy):	<input type="checkbox"/> Female <input type="checkbox"/> Male

E-mail

I consent to receive emails from BCBSA regarding registration, schedules, programs, and upcoming events. I understand that I can unsubscribe from this mailing list at any time by emailing info@slidebc.ca with "UNSUBSCRIBE" in the subject line. **IMPORTANT: E-mail is a primary form of communication - please check the above box** (and provide a legible email address) which will allow us to communicate directly with members regarding programming and services.

Children under 19 years of age:

First Name	Last Name (if different from above)	Address (if different from above)	Gender	Date of Birth (dd/mm/yy)
			<input type="checkbox"/> Female <input type="checkbox"/> Male	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	

Waiver:

"In consideration of my involvement with the BCBSA and its members, I hereby indemnify and save harmless the BCBSA 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 BCBSA."

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 be used to contact you regarding facilities, services and other programs. Medical information will only be used in a medical emergency.

Photo Consent:

Occasionally photographs of participants may be taken during our programs. Your authorization to use these photos in BCBSA publications (social media, brochures, newsletters, and/or website) is requested. These items are used solely to promote the sport of Bobsleigh or Skeleton.

I hereby grant BCBSA permission to use photos and/or video footage taken during participation in BCBSA programs, of those listed in the membership form above for media/publicity purposes.

BCBSA Membership Fees:

\$50.00 fee covers all Athletes; \$25.00 fee covers Officials and Family Memberships; \$1 fee covers Volunteer or Associate members.

Payment:

Cash Credit Card Debit

Payment can be made in the Guest Services building at the Whistler Sliding Centre or mailed to:

BCBSA
 4910 Glacier Lane
 Whistler, BC V0N 1B4

For those under 19, a Parent/Legal Guardian must sign.

Applicant: I have read the above Waiver, Privacy Act and Photo Consent statement.

Signature: _____ **Date:** _____

Parent/Legal Guardian Signature: _____
 (Under 19 only)

Membership expires April 30th each year