| am aware that my athlete | (print athlete name), is |
|--|---|
| leclaring for the teams indicated on his/her Athlete Declara | ation Form. Furthermore, by submitting the Athlete |
| Declaration form, it is understood by myself (coach), the at | chlete, the parent (for athletes under the age of 19) |
| and the affiliated club, that all BC Team Fees and other fe | es relating to BC Team selection will be paid upon |
| notification of the athletes selection by the means indicate | d on the online form. |
| I, the undersigned coach, also understand that sh | ould my athlete be selected to a BC Team, it is my |
| esponsibility to report to BC Athletics any pre-existing i | njuries that may inhibit my athlete's Competitive |
| Readiness, thereby affecting their performance at the BC Team Competition (i.e. National Championships). | |
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| | |
| Primary Coach Name (print) | Primary Coach Signature |
| · · · · · · · · · · · · · · · · · · · | |
| | Date |
| | Date |
| | |

Please have you or your athlete submit this form via:

- 1. Mail to BC Athletics (see address below)
- 2. Fax to BC Athletics at (604) 333 3551
- 3. Scan & Email to the Track & Field Technical Manager at garrett.collier@bcathletics.org (PDF Only)
- 4. Scan and attach to online BC Team Athlete Declaration Form (PDF Only)