



BC Athletics Camp/Clinic

Sanction Application and Event Information

2001B – 3713 Kensington Ave.
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website: www.bcathletics.org

- Completed Sanction Application Form and fees to be submitted **3 months prior to event date**. A \$26.25 surcharge in addition to the sanction fee will be applied if the **sanctioning form and fees** are received less than 30 days from the event.
- Sanction Applications will not be processed until both the form and fees are received. BCA affiliated club members - \$26.25. Non BCA clubs/organizations - \$52.50.
- Fees include GST (#127293264) - payable to BC Athletics
- Complete and return with payment to BC Athletics
- The Alternative Liability Insurance Waiver fee is \$52.50
- Post Event Submission Forms are required for all events and are due 30 days after the completion of the event.
- **Include entry form and brochures**

CAMP/CLINIC INFORMATION

Camp/Clinic: _____

Proposed date: _____ Starting time: _____

Info email: _____ Event Website: _____

Alternate date: _____

ADMINISTRATION

Club/Non-profit society/recognized approved organization requesting sanction: _____

Current BC Athletics affiliated club: Yes No

Registered Non-Profit Society Registered Charity Corporation Partnership Sole Proprietorship Other: _____

Camp/Clinic Director: _____

Address: _____
P.O. Box & Street Address City Prov. Postal Code

Res. Ph: _____ Bus. Ph: _____ Fax: _____

e-mail: _____

Camp/Clinic Manager: _____

Address: _____
P.O. Box & Street Address City Prov. Postal Code

Res. Ph: _____ Bus. Ph: _____ Fax: _____

e-mail: _____

Registration Chairperson: _____

Address: _____
P.O. Box & Street Address City Prov. Postal Code

Res. Ph: _____ Bus. Ph: _____ Fax: _____

e-mail: _____

PAYMENT INFORMATION (includes GST) Email receipt to: _____
Receipts will not be issued unless an email address is given

- BCA affiliated club - \$26.25
- Non BCA affiliated club/organization - \$52.50
- Late Fee - \$26.25
- Alternative Insurance - \$52.50

VISA /MC/Amex Cheque/MO Cash Card #: _____ Exp. Date: _____

Cardholder: _____ Signature: _____

CAMP/CLINIC DETAILS

Venue: _____

Changing rooms location: _____

Registration fees: _____

Sponsoring body (if any): _____

Proposed schedule: *attach copies of the registration package and any pertinent information*

FACILITY AND EQUIPMENT

Track Details:

Size: _____ Surface: _____ # of lanes: _____

Lane width: _____ Regulation Steeplechase water jump? Yes No

Field Details:

Discus:	Regulation circle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no will a portable ring be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regulation cage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle surface material:	_____
Shot Put:	Regulation circle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle surface material:	_____
Hammer:	Regulation circle:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no will a portable ring be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regulation cage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle surface material:	_____
Javelin:	Type of runway:	_____	Throwing arc: <input type="checkbox"/> wood <input type="checkbox"/> metal <input type="checkbox"/> line	Runway Length _____
Long Jump:	Runway surface:	_____	Width of pit (min. 2.75m):	_____
	Distance - take-off board to front edge of pit (min. 1m):	_____	Distance - take-off board to end of landing area (Sr. men min. 10m):	_____
	Runway length (min. 40m):	_____	Runway length (min. 40m):	_____
Triple Jump:	Runway surface:	_____	Width of pit (min. 2.75m):	_____
	Distance - take-off board to front edge of pit (senior men min. 13m):	_____	Runway length (min. 40m):	_____
High Jump:	Jump approach surface:	_____	Landing size and material:	_____
	Length of runway (min. 15m in the direction of the approach):	_____		
Pole Vault:	Type of runway surface:	_____	Height to which bar can be raised:	_____
	Length of runway (min. 40m):	_____	Distance between vertical posts:	_____
	Landing area size and materials:	_____		

Equipment:

Will you provide all throwing implements?: Yes No

Will athletes be permitted to use their own implements, if approved by a Tech. Ref. (IAAF Rule 187.2): Yes No

Make of hurdles to be used: _____

Heights to which hurdles can be adjusted: .762m (2'6") .840m (2'9") .914m (3') .990m (3'3") 1.067m (3'6")

Will hurdles be weighted?: Yes No

Maximum spike lengths allowed: Track _____ mm Field (HJ/LJ/TJ/PV/JAV)

COACHES/CLINICIANS

Coaches/Clinicians instructing:

Coach Name	BC Athletics Membership Number	Event/Area of Responsibility

RISK MANAGEMENT

1. EVENT MEDICAL COVERAGE:

Medical Coordinator on the organizing committee: _____

Who will be providing medical support at the Track & Field Meet: _____

Qualifications: Training: _____ Certification level: _____

Name of the nearest medical facility: _____

Distance to medical facility: _____ Transportation provided by: _____

Additional medical information: _____

2. LIABILITY INSURANCE COVERAGE FOR BC ATHLETICS SANCTIONED EVENTS:

BC Athletics sanctioned events are required to have liability insurance. Event organizers can choose to: a) Provide their own Alternative Liability Insurance coverage as approved by BC Athletics; or b) Take the coverage provided through BC Athletics.

Please indicate below what insurance coverage the event will have.

Alternative Liability Insurance: See BC Athletics requirements as outlined in the a) Alternative Liability Insurance Checklist; and b) Waiver and Indemnification forms. The Alternative Liability Insurance Waiver fee is \$52.50.

BC Athletics Insurance: Coverage limit \$5 million: Please list the legal name of each party requesting to be named as an additional insured and provided with a certificate of insurance – attach additional sheets as needed. Include your club/organization if a copy is required. Examples of those requesting to be named are: facility owners of stadiums, streets, parks, highways, private/public land, etc. where the event and associated activities will take place. PLEASE PRINT

Name	Contact Person	Fax

MEET DIRECTOR

I, _____ On behalf of the Organizing Committee and _____
BC Athletics club or Event Organization

Declare that all qualifications for a sanctioned event have been met and that all rules (IAAF, Athletics Canada, BC Athletics) will be adhered to.

Signature: _____ Date: _____

POST EVENT SUBMISSION FORMS

All BC Athletics sanctioned events are required to submit a Post Event Submission Form within 30 days of the completion of their event. An online version of the form is available on the BC Athletics website under the "Event Directors" link at <http://www.bcatletics.org/main/resources.htm#resources>
 The form can be filled out on-line and printed to submit with payment.

BC ATHLETICS USE

The above event on _____ HAS or HAS NOT Been approved..

Signature: _____ Date: _____