



BC Athletics
Camp/Clinic
 Sanction Application and
 Event Information

120 – 3820 Cessna Dr.
 Richmond BC V7B 0A2
 ph: (604) 333-3550
 fax: (604) 333-3551
 e-mail: bcathletics@bcathletics.org
 website: www.bcathletics.org

- Completed Sanction Application Form and fees to be submitted **3 months prior to event date**. A \$28.00 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 - \$16.80. Non BCA clubs/organizations - \$33.60.
- Fees include HST (#127293264) - payable to BC Athletics
- Complete and return with payment to BC Athletics
- The Alternative Liability Insurance Waiver fee is \$56.00
- 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 <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Registered Non-Profit Society <input type="checkbox"/> Registered Charity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	
Camp/Clinic Director: _____	
Address: _____	
<i>P.O. Box & Street Address</i>	<i>City</i>
<i>Prov.</i>	<i>Postal Code</i>
Res. Ph: _____	Bus. Ph: _____ Fax: _____
e-mail: _____	
Camp/Clinic Manager: _____	
Address: _____	
<i>P.O. Box & Street Address</i>	<i>City</i>
<i>Prov.</i>	<i>Postal Code</i>
Res. Ph: _____	Bus. Ph: _____ Fax: _____
e-mail: _____	
Registration Chairperson: _____	
Address: _____	
<i>P.O. Box & Street Address</i>	<i>City</i>
<i>Prov.</i>	<i>Postal Code</i>
Res. Ph: _____	Bus. Ph: _____ Fax: _____
e-mail: _____	

PAYMENT INFORMATION <i>(includes HST)</i>	
<input type="checkbox"/> Email receipt to: _____	
<input type="checkbox"/> BCA affiliated club - \$16.80	<input type="checkbox"/> Non BCA affiliated club/organization - \$33.60
	<input type="checkbox"/> Late Fee - \$28.00
	<input type="checkbox"/> Alternative Insurance - \$56.00
<input type="checkbox"/> VISA /MC/Amex <input type="checkbox"/> Cheque/MO <input type="checkbox"/> 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)

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 \$56.00

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.bcathletics.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: _____