



BC Amateur Athletics Association

#120 - 3820 Cessna Dr.
 Richmond BC V7B 0A2
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 E-mail: bcathletics@bcathletics.org
 Website: www.bcathletics.org

2009/2010 SCHOOL CLUB COACH MEMBERSHIP APPLICATION

School Club Coach Memberships are complimentary with School Club Memberships. If you wish to take advantage of the special Coaches Association of BC - \$10.00 membership please indicate below. Please copy this form as required for additional coaching memberships.

Application date: _____ New Membership Renewal Membership
 MM DD YY

Surname _____ Given name _____ Initial _____ Birthdate: _____
 MM DD YY

Street Address _____ City _____ Prov. _____ P.Code _____

Phone: _____ Fax: _____

Email: _____

School: _____

Male Female Country of Birth: _____ Citizenship _____

Coaching Certification: Indicate your HIGHEST LEVEL of certification in Athletics:

- Theory _____ (1,2,3)
- Technical _____ (1,2,3,4,5) Event Area Specialty _____ Event Specialty _____
- Practical _____ (1,2,3)
- Highest Full Certification Level (all components to the same level 1,2,3,4,5,) _____

Status: Full Time Paid: _____ Part Time Paid: _____ Part Time Volunteer: _____ CC#: _____

Athletes Coached: Male: _____ Female: _____ Age range: _____

Please indicate the events you are coaching:

Sprints	Distance	Hurdles	Throws	Jumps	Combined Events
<input type="checkbox"/> 100M	<input type="checkbox"/> 1500M <input type="checkbox"/> 10000M	<input type="checkbox"/> 80MH <input type="checkbox"/> 200MH	<input type="checkbox"/> SP	<input type="checkbox"/> LJ	<input type="checkbox"/> PENTATHLON
<input type="checkbox"/> 200M	<input type="checkbox"/> 3000M <input type="checkbox"/> S/C	<input type="checkbox"/> 100MH <input type="checkbox"/> 300MH	<input type="checkbox"/> DT	<input type="checkbox"/> TJ	<input type="checkbox"/> HEPTATHLON <input type="checkbox"/> <u>Cross Country</u>
<input type="checkbox"/> 400M	<input type="checkbox"/> 5000M <input type="checkbox"/> R/W	<input type="checkbox"/> 110MH <input type="checkbox"/> 400MH	<input type="checkbox"/> HT	<input type="checkbox"/> HJ	<input type="checkbox"/> OCTATHLON
<input type="checkbox"/> 800M			<input type="checkbox"/> JT	<input type="checkbox"/> PV	<input type="checkbox"/> DECATHLON

Coaching Association of BC membership requested. Payment of \$10.00 (payable to BC Athletics) included.

BC Amateur Athletics Association Sport Safety/Acknowledgment of Risk

NOTE: This statement is part of the application for membership.

The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport: either while travelling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/approved by BC Athletics, its Divisions, its Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume the shared responsibility and acknowledge the risk of injury by so participating.

Signature of Applicant: _____