

**BCSSA Athlete Registration 2020**

Club Initials: SUP                      Region: Vancouver District                      BCSSA Number:

|  |  |   |  |
|--|--|---|--|
| <b>Athlete Information: Please Print Clearly</b>   |  |   |  |
| <b>Last Name:</b>  | <b>First Name:</b>                               | <b>Preferred Name:</b><br><small>(if different than first name)</small> | <b>Gender: M / F</b>   |
| <b>BirthDate:</b><br><small>DD/Month/YY (spell out month)</small>  | <b>Proof:</b> Care Card <input type="checkbox"/> | Birth Certificate <input type="checkbox"/>                              | <b>Other</b> _____ <b>Witnessed</b> _____<br><small>Initials Mandatory</small> |
| <b>Father's Last Name:</b>   |  | <b>Father's First Name:</b>   |  |
| <b>Mother's Last Name:</b>   |  | <b>Mother's First Name:</b>   |  |
| <b>Mailing Address:</b>  |  |   |  |
| <b>City:</b>   | <b>Postal Code:</b>                              | <b>Home Phone:</b>  | <b>Check Primary Email</b>   |
| <b>Father: Office #</b>  | <b>Cell #</b>                                    | <b>Email</b>  | <input type="checkbox"/>   |
| <b>Mother: Office #</b>  | <b>Cell #</b>                                    | <b>Email</b>  | <input type="checkbox"/>   |
| Is a secondary mailing address necessary? If yes, circle and please print information on the back of this form. YES / NO |  |   |  |
| <b>Medical Condition pertinent to Registration:</b>  |  |   |  |
| <b>Medication:</b>   |  |   |  |
| Has the Athlete been registered with BCSSA before ? Yes / No <small>(Circle)</small>                                     |  |   |  |
| If yes & BCSSA number not printed above: Club _____ Region: _____ Aquatic Activity: _____                                |  |   |  |

|   |   |                      |   |
|---|---|----------------------|---|
| <b>Status: ALL of the following questions must be completed to register</b>   |   | <b>Circle Answer</b> |   |
| Swimming  | In the past 3 years has the athlete achieved a Senior National Qualifying Time in any non-BCSSA Meet ?                              | <b>YES</b>           | <b>NO</b>   |
| Water Polo  | Has the athlete participated in any Water Polo Activity listed in the current BCSSA 'Player Eligibility' section of the rule book ? | <b>YES</b>           | <b>NO</b>   |
| Synchronized Swimming   | Has the athlete been registered as an A, NS, PS or M amateur athlete from Syncro BC ?   | <b>YES</b>           | <b>NO</b>   |
| Diving  | Has the athlete attained an Age Group National Standard within their current DPC age group within the past two years?               | <b>YES</b>           | <b>NO</b>   |
| <b>Since October 1 of last year has the athlete participated in any of the following:</b>   |   |                      |   |
| 1. Did he/she train or compete for more than two (2) hours in any week in an organized swimming activity ?                                |   | <b>YES</b>           | <b>NO</b>   |
| 2. Did he/she train or compete for more than two 1/2 (2.5) hours in any week in an organized syncro activity ?                            |   | <b>YES</b>           | <b>NO</b>   |
| 3. Did he/she train or compete for more than four (4) hours in total in any week in all aquatic activity(s) ?                             |   | <b>YES</b>           | <b>NO</b>   |
| If yes to any question #1-3 please explain:   |   |                      |   |
| 4. Did he/she compete in any swim meet between Oct 1 and April 30 (excluding school related meets between Oct 1 and Nov 30)?              |   | <b>YES</b>           | <b>NO</b>   |
| If yes to #4 provide Meet:  |   | Date:                |   |
| <b>Registering for: (circle each)</b><br>Swim                      Water Polo                      Synchro Swim                      Dive |   |                      | This box to be completed<br>by Club Registrar<br><b>STATUS (circle one)</b><br>S                      O |
| <b>Coach (if applicable):</b> Paid                      Volunteer                      Aquatic _____                                      |   |                      |   |

The Super Sharks Swim Club collects, uses and discloses your personal information for the purposes of registration administration and competitive functions of the aquatic programs within the BCSSA and its member clubs. It is a requirement of registration that the information be provided and, that it will only be used for the purposes indicated. By your signature on this form you signify your consent to the collection, use and release of your personal information to BCSSA and its member clubs in accordance with the Club's Privacy Policy.

I certify that the above information is correct to the best of my knowledge:  
 (A parent or legal guardian must sign if the applicant is under 19 years of age. By your signature, you accept the responsibility of your child in this association.)  
 Applicant or Parent/Guardian:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Registration Not Valid Unless All Questions Answered and Form Signed**