



Box 23056
Penticton, BC
V2A8L7

WWW.PENTICTONPOUNDERS.COM

2021 PENTICTON POUNDERS MEMBERSHIP FORM

Note: This forms serves as a membership application with the Penticton Pounders Running Club and BC Athletics. As a BC Athletics affiliated club the Penticton Pounders Running Club must ensure that all its members are members of BC Athletics.

Name: _____ Date of Birth: _____ Male
MM DD YY Female
 New BCA Member or Renewing BCA Member: Previous BCA#: _____ - _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____

Bus. Phone: _____ E-mail: _____

To receive the BC Athletics Electronic Bulletin please sign up on the BC Athletics website at www.bcatletics.org

Country of Birth: _____ Citizenship: _____
**Give date Landed Immigrant Status was granted if applicable.*

MEMBERSHIP FEES

Adult Membership (20+ years \$15), Junior Membership (Under 20 years \$5) \$ _____

BC Athletics Training Membership (Required for club liability insurance coverage) + \$15.75

Other BC Athletics memberships are available, which include more benefits, including a \$3 'Day of Event' deduction for BC Athletics sanctioned races. For more information on those memberships, visit the BCA website at: <http://www.bcatletics.org/Membership/>

Total \$ _____

Make cheques payable to Penticton Pounders Running Club and mail forms to address shown above or drop them off at Peach City Runners.

For more information contact Neil at: (250) 490-3334 or pounders@vip.net

PLEASE SIGN THE OTHER SIDE

Canadian Anti-doping Program (CADP)

Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CADP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to members of Athletics Canada and participants in Athletics Canada sanctioned activities. All members of Athletics Canada, whether in the role of athletes or athlete support personnel, are subject to the CADP. By signing below, I acknowledge that I am a member of Athletics Canada and I am aware that the CADP applies to me and I consent to its application to me. For further information, please visit the Athlete Zone on the CCES website <http://cces.ca/athletezone> BC Amateur Athletics Association Sport Safety/Acknowledgement of Risk (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 traveling to or from the event; or while attending or participating in 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. BC Athletics Privacy Policy By completing this membership application form, signing and joining BC Athletics you consent to the collection of this information and its use as per the BC Athletics Privacy Statement and Policy - see Identifying Purposes - Appendix II of the Policy available at www.bcathletics.org. For more information or to limit the release of information contact the BC Athletics Privacy Officer, Sam Collier at sam.collier@bcathletics.org

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**BC Amateur Athletics Association Sport Safety/Acknowledgement of Risk
(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 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.

Date: _____

Applicant Signature: _____

Parent/Guardian Signature (For applicants 19 and younger): _____

Registrar Signature: _____