



MEMBERSHIP AND WAIVER FORM

Please print

SPORT _____ Zone # _____ Current Year _____
(if applicable)

Preferred First Name _____ Last Name _____

Mailing Address _____ City _____ Postal Code _____

Home Phone # _____ Cell Phone # _____

Email Address _____

It will only be used to send you the BCSGS Newsletter and information pertinent to the Games

Gender Male Female Birth Date MM ____ DD ____ YY ____

I declare that the statements made in this application are true.

Signed _____

Membership in the BC Seniors Games Society requires a yearly membership fee of \$15.00. A signed copy of the waiver below is needed to participate in the BC Seniors Games. This entitles a member to participate for any Zone play-off that may be needed. There will be additional fee(s) for those who enter the Games. A Registration Form signed by each member is a requirement of our Risk Management and a condition of entry in Zone play-offs and the BC Seniors Games. The waiver will be stored as part of the Zone records.

WAIVER FORM:

Participant Hold Harmless Clause: Participant information is collected under the authority of the BC Seniors Games Society as collector and custodian of this information. The information provided will be used to determine the eligibility to participate in the annual BC Seniors Games. On confirmation of eligibility, the information will be used to arrange liability insurance coverage with respect to voluntary participation of registered Participants in the annual BC Seniors Games. The name, home town, and sport of the registered participant will be provided to media outlets and available on the BC Seniors Games Society and/or the annual Host Society websites. The name, address, and image of the registered Participants may be used in non-commercial promotion/development of sport by the BC Seniors Games Society. The names and addresses, and images may be provided to the Premier and the Minister Responsible for Community, Sport, and Cultural Development. As a condition of entry into the BC Seniors Games, it must be understood that the Participants enter entirely at their own risk and will not hold the BC Seniors Games Society, the annual Host Society, the BC Games Society and the Province of British Columbia, their staff, agents, and volunteer workers responsible for injury, loss or damage occurring during the annual BC Seniors Games. Participants agree to release, discharge and undertake not to commence any action against the annual Host Society, the BC Seniors Games Society, the BC Games Society, and the Province of British Columbia from any and all claims and causes of action, or liability of any kind whatsoever for injuries, property damage, or death, which in any way results from participating in the annual BC Senior Games. The annual Host Society, the BC Seniors Games Society, the BC Games Society, and the Province of British Columbia do not assume responsibility for loss of wages, medical, dental or hospital care for athletes, officials, or volunteers during the annual Seniors Games.

I have read, understood, and agree to all of the above

Date _____ Signed _____

If you will be a participant or non-participant at the Games, you must complete the Registration Form

www.bcseniorgames.org





REGISTRATION FORM

Please print

Preferred First Name _____ Last Name _____

I will be attending the Games as a

Participant in _____ **Non-Participant** **Member**
Sport

OPTIONAL: Do you identify as First Nations/Aboriginal Yes No
If Yes: First Nations (Status Indian) Metis Inuit

I have competed previously at the Games Yes No

I will need transportation while at the Games Yes No

As a member I will stand as a substitute at: the Zone level only
 the cross Zone level only
 either level

MEDICAL EMERGENCY INFORMATION

Emergency Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Other Phone _____

If you have been diagnosed with a potentially serious condition, in the past year, have you received permission from your doctor to compete? Yes No

In case medical attention is needed: It is vital that you list your medical condition in the box below. For example: medications, dosages, drug reactions, allergies, and pre-existing conditions such as high blood pressure, heart conditions, pacemaker, joint replacement etc. in order to assist the attending medic.

FOR ZONE USE ONLY: Registrars/Coordinators may use this as part of their record keeping.

Accreditation # _____

Membership Card issued Yes No

Date Online Registration Completed _____

Date Online Registration Checked _____

Membership Fee (\$15.00) paid _____
Participation Fee (\$50.00) paid _____
Non-Participation Fee (\$35.00) paid _____
Sport Fee paid _____

www.bcseniorgames.org

