

Steveston Athletic Association



MEMBERSHIP APPLICATION

PLEASE PRINT

Last name

First name

Gender

Birth Date yy/mm/dd

Previous TriBC mbshp #

Y

N

New Address

Y

N

New Member

BC Street Address / Appt. # / P.O. Box

City

Postal Code

Home Phone

Work Phone

Cell Phone

Email Address

Y

N

Do you want a hardcopy of TriBC's newsletter?

Steveston Athletic Association

Triathlon BC - Affiliated Club

Occupation

TriBC RELEASE AND INDEMNITY (Please read carefully)

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless Triathlon British Columbia representatives and agents for any injury, loss or damage to my person or property, howsoever caused, arising out of any connection with my taking part in Triathlon British Columbia organized events and activities and notwithstanding that the same may have been contributed to or associated by the negligence of Triathlon British Columbia representatives or agents. I realize that, with this membership, I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

In witness thereof, I have hereunder set my hands this day _____ of _____, 20_____.

Printed Name _____

Signature _____

Witness Name _____

Witness Signature _____

SAA RELEASE AND INDEMNITY (Please read carefully)

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless Steveston Athletic Association representatives and agents for any injury, loss or damage to my person or property, howsoever caused, arising out of any connection with my taking part in Steveston Athletic Association organized events and activities and notwithstanding that the same may have been contributed to or associated by the negligence of Steveston Athletic Association representatives or agents.

In witness thereof, I have hereunder set my hands this day _____ of _____, 20_____.

Printed Name _____

Signature _____

Witness Name _____

Witness Signature _____

Steveston Athletic Association



EMERGENCY CONTACT INFORMATION

Member's last name

Member's first name

Emergency Contact #1	Emergency Contact #2
Name:	Name:
Phone:	Phone:
Relation:	Relation:

MEDICAL INFORMATION

Do you have any current or recurrent medical conditions SAA needs to be aware of?

Do you have any allergies or hypersensitivity to insect stings?

Are you taking any medications that may affect your ability to train?

Do you carry any medication with you while you train that you may need assistance to take? (i.e. EpiPen)

Permission to call 911

Yes No

SPONSORSHIP INFORMATION RELEASE

Do you give the Steveston Athletic Association permission to submit your name, address and email to official SAA Sponsors?

Yes No