

**BCSSA Individual Registration Form**                      **Registration**                      **2006**

**Year:**

**Club**                      **BUR**                      **Region: Simon Fraser Region**                      **BCSSA**

**A: Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Sex** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Parents' Names** \_\_\_\_\_ **Home** \_\_\_\_\_  
**Cell/Alt. Phone:** \_\_\_\_\_ **E-mail address** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_ **Proof: Care Card:** \_\_\_\_\_ **Other:** \_\_\_\_\_ **Witnessed:** \_\_\_\_\_  
(Mandatory)    *dd/Month/yy* \_\_\_\_\_ **Initial** \_\_\_\_\_

**B: Pertinent Medical Information: Care Card #:** \_\_\_\_\_ (Mandatory)  
**Doctor Name:** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_  
**Medical or other Information pertinent to Registrant:**

**C: Status: The following must be**

**Swimming:** Have you achieved a National Qualifying Time in any non-BCSSA Meet? Y / N  
**Water** Have you participated in any Water Polo Activity listed in the current BCSSA 'Player Eligibility' section of the rule book? Y / N  
**Synchronized** Have you been and A or B carded athlete from Synchro BC? Y / N  
**Diving:** Have you attained an Age Group National Standard within your current DPC age group within the past two years? Y / N

**Since October 1 of last year have you participated in any of the following:**

1: Did you train or compete for more than two (2) hours in any week in an organized swimming or diving activity?

**Please circle response: Swimming Yes / No Diving Yes / No**

2: Did you train or compete for more than four (4) hours in any week in any aquatic activity(s)? Yes / No

If yes to either question please explain. \_\_\_\_\_

3: Did you compete in a winter club swim meet? Yes / No \_\_\_\_\_ / \_\_\_\_\_

**D: Have you been registered with BCSSA before? Yes / No** \_\_\_\_\_ **Meet** \_\_\_\_\_ **Date** \_\_\_\_\_  
**If yes Club:** \_\_\_\_\_ **Region:** \_\_\_\_\_ **Aquatic:** \_\_\_\_\_

**E:** The Burnaby Barracudas \_\_\_\_\_ 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:** \_\_\_\_\_

**MANDATORY COMPLETION BY CLUB**

**Current**                      **Swim**                      **Dive**                      **Synchro**                      **Water**  
**Status**  
**Division or Age**  
**New / Old:**

**Coach: Circle most Appropriate**

**Pd - Swim**                      **Vol - Swim**  
**Pd - Synchro**                      **Vol - Synchro**  
**Pd - Dive**                      **Vol - Dive**  
**Pd - Water Polo**                      **Vol - Water Polo**

Form Revision Nov 9, 2004

Tuesday, May 03, 2005

Page 1 of 1