



SILVERTIP ARCHERS MEMBERSHIP APPLICATION FORM

2020 - 2021 Fee Schedule

BCAA Fee's + Club Fee's = Total	
_____ ADULT	75.00 + 145.00 = 220.00
_____ FAMILY	160.00 + 230.00 = 390.00
_____ JUNIOR	65.00 + 95.00 + 20.00 = 180.00
_____ JOP Class Fee	- 20.00
_____ League Shooting Fee's	- 40.00
	Total Due: _____

CHQ # _____ Mailed to:
 PO Box 445 STN A, PG, V2L 4S6
 Etransfer
silvertip.treasurer@gmail.com

BCAA is British Columbia Archery Association

Surname	First Name	M/F	Birthdate <small>MM/DD/YYYY</small>	Equipment <small>BB/REC/CMP</small>
Adult #1 _____	_____	_____	_____	_____
Adult #2 _____	_____	_____	_____	_____
Jr #1 _____	_____	_____	_____	_____
Jr #2 _____	_____	_____	_____	_____
Jr #3 _____	_____	_____	_____	_____

Optional Information used by our government for reporting and funding: Are you First Nations? Yes No Do you have a Physical handicap? Yes No

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS _____

CITY _____ **POSTAL CODE** _____ **PHONE** _____

EMAIL ADDRESS _____ **CELL** _____

EMERGENCY CONTACT _____ **PHONE NUMBER** _____

★ **IMPORTANT Covid-19 Changes**

All youth archers, guests or nonmembers must be with the club member who is responsible for them at both the indoor and outdoor ranges. All JOP members must purchase a beginner's equipment package consisting of 6 arrows, tab/glove, quiver and arm guard, due to covid-19 the club will NO longer provide these. If you are using a club bow you will need to purchase a string. Coaches will have more info on this.

Silvertip archery club is run by "VOLUNTEERS". Please check in area(s) where you would be willing to help:

- | | | |
|------------------------------------|---------------------------|----------------------|
| () COACHING () OR ASSISTING | () SCOREKEEPING | () J.O.P. ASSISTING |
| () JANITOR () INDOOR MAINTENANCE | () OUTDOOR MAINTENANCE | () 3-D |
| () FOOD CONCESSION HELPERS | () GENERAL EVENT HELPERS | () GRASS CUTTING |

Please list any other talents that may contribute:

Continued on reverse side

Medical Information (PLEASE PRINT)

Participant: _____

Allergies: _____

Medications: _____

Dietary requirements: _____

Medical Conditions: _____

In case of emergency, I _____ (parent/guardian)
give permission for a Silvertip Coach or Director to seek appropriate medical care for
_____ (athlete) on my behalf.

Signature: _____ (parent/guardian)

Signature: _____ (parent/guardian)

Photo Release/Information Policy

Media Coverage/Provincial Sport Organization:

Member names (adult/junior) and/or photos/video, but no other personal information, may be used from time to time to publicize Silvertip Archers and/or in the reporting of activity results in various media. A minimum of additional information may be disclosed to the BC Archery Association or tournament/event officials.

Video Coverage:

Members may be requested to participate in video coverage of activity for the purposes of documenting progress, analyzing performance, and/or for use during coaching professional development/certification processes.

Questions or concerns regarding this policy should be directed to any member of Silvertip's Board of directors.

Member's Signature

Date

Consent for minor (under age 18):

I permit my child's name/photo to be included in any media coverage. Yes ___ No ___

I permit my child to be included in videotaping as per Silvertip policy. Yes ___ No ___

I permit Silvertip to disclose my child's name, phone number, mailing address, age, BCAA number, and JOP standing to the BC Archery Association or tournament officials. Yes ___ No ___

Parent/Guardian Signature

Date