



SILVERTIP ARCHERS MEMBERSHIP APPLICATION FORM

2018 - 2019 Fee Schedule

BCAA Fee's + Club Fee's = Total				PLEASE CHECK ONE			
_____ ADULT	75.00	+	145.00	=	220.00	[] CHQ # _____	
_____ FAMILY	160.00	+	230.00	=	390.00		
_____ JUNIOR	65.00	+	95.00	+	20.00	= 180.00	[] CASH
_____ JOP Class Fee	- 20.00						
_____ League Shooting Fee's	- 40.00						
				Total Due:	_____	BCAA is British Columbia Archery Association Archery Canada	

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

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

MAILING ADDRESS _____
CITY _____ **POSTAL CODE** _____ **PHONE** _____
EMAIL ADDRESS _____ **CELL** _____
EMERGENCY CONTACT _____ **PHONE NUMBER** _____

IMPORTANT

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. Non-members are requested after 3 sessions to apply for a SILVERTIP membership. Completed forms are to be given to an **EXECUTIVE** member.

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 _____

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):

Yes ___ No ___ 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.

Parent/Guardian Signature

Date