

Victoria Speed Project

2023 REGISTRATION FORM



PLEASE PRINT CLEARLY

ATHLETE INFORMATION			OFFICE USE ONLY
Last Name	First Name	Age (as of Dec. 31/2023)	Date Received
Address		Birthdate (mm/dd/yyyy)	Received From
City	Province	Postal Code	Cash
BC Athletics No: (if you have one)	Completed Medical Form Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		Cheque #:
PARENT/GUARDIAN INFORMATION			
Athlete Contact #	Email	Phone #1	Phone #2
Parent/Guardian Contact #	Email	Phone #1	Phone #2
Emergency Contact	Relationship to Athlete	Phone #1	Phone #2
REGISTRATION & PAYMENT FEE INFORMATION (You must register with VSP and one of the BC Athletic groups)			
VSP Club and Insurance Registration Fee 2023 VSP Membership Fee (Competitive athletes) <input type="checkbox"/> \$100.00 2023 VSP Membership Fee ('Training' only athletes) <input type="checkbox"/> \$45.00 (If you are 'training' you only owe \$45, otherwise it is \$100 + age group fees)		CLUB, REGISTRATION, INSURANCE AND BC ATHLETICS FEES - ANNUAL Make cheques payable to: Victoria Speed Project COACHING FEES - SEE BELOW <u>etransfer</u> dacrejbowen@hotmail.com *please do NOT send to cell phone 1-2 days per week - \$250* 3-6 days per week - \$450* *PLUS GST. Prices are based on quarterly payments.	
BC Athletics Registration Fee (age as of Dec. 31/23): Junior Development (Age 9 -13) <input type="checkbox"/> \$60.00 Midget (Age 14 as of Dec. 31, 2023) <input type="checkbox"/> \$70.00 Midget (Age 15 as of Dec. 31, 2023) <input type="checkbox"/> \$73.50 Youth, Junior, Senior (16+) <input type="checkbox"/> \$94.50 Masters (35+) <input type="checkbox"/> \$63.00			
Total Fees Attached: \$ _____			
PARENT PARTICIPATION			
Victoria Speed Project is run by volunteer parents. Participation by parents/guardians includes participating in fundraisers. By signing this form you agree to participate as required.			
PARENT/GUARDIAN CONSENT			
On becoming a registered athlete, I hereby, for myself, my heirs, executors and administrators: waive and release any and all rights and claims for damages I may have against Victoria Speed Project, its agents, representatives, successors, and assigns, for any and all injuries suffered.			
Parent/Guardian Signature: _____ Date: _____ Print First and Last name: _____	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Reminder: Medical form (see page 2)</p> <p style="text-align: center;">Payment must accompany this Membership Application</p> </div>		

VICTORIA SPEED PROJECT

MEDICAL INFORMATION FORM

ATHLETE INFORMATION - PLEASE PRINT CLEARLY		
Last Name	First Name	Birthdate (dd/mm/yyyy)
Address		
City	Province	Postal Code
Emergency Contact #1 (Parent/Gaurdian)	Phone #1	Phone #2
Emergency Contact #2 (Parent/Gaurdian)	Phone #1	Phone #2

PLEASE CHECK ALL THAT APPLY		
PREVIOUSLY HAD <input type="checkbox"/> Appendicitis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hernia <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Concussion <input type="checkbox"/> Rheumatic Disease <input type="checkbox"/> Other (please list)	IF SUBJECT TO/OR HAS <input type="checkbox"/> Cramps <input type="checkbox"/> Bronchitis <input type="checkbox"/> Diabetes (type 1) <input type="checkbox"/> Diabetes (type 2) <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions and/or Seizures <input type="checkbox"/> Hay Fever <input type="checkbox"/> Other (please list)	DRUG ALLERGIES (please list) <hr/> <hr/> INSECT ALLERGIES (please list) <hr/> <hr/> OTHER ALLERGIES (please list) <hr/> <hr/> MEDICATIONS (please list) <hr/> <hr/>
Family Physician	Physician Phone Number	
Please list below any specific past or existing athletic injuries that may hinder your child's participation in certain activities.		Care Card Number

PARENT/GUARDIAN CONSENT

This form provides the PARENTS'/GUARDIANS' permission and authorizes a designated Coach, Coordinator, Executive Member or Team Manager of Victoria Speed Project to act on their behalf in the event of a medical emergency.

Parent/Guardian Signature: _____
 Athlete Signature: _____
 Date: _____

This form must be completed, signed and returned to the Registrar before your child can participate in VSP activities.

Athlete Code of Conduct and Expectations

1. Athletes who committed to a previous training phase are given priority over new members when the subsequent training phase begins.
2. Program fees are not refunded when athletes miss training, are sick or injured. Injured athletes still attend training sessions for rehabilitation as directed by the Coach if medically suitable to do so. Athletes are expected to seek medical help for the treatment of injuries and illness and return to training as soon as safely possible.
3. Athletes are required to communicate with their coach on a regular basis regarding their training program, competition, post-secondary, academic, and work related goals.
4. Athletes are expected to refrain from the use of non-prescription drugs, alcohol and tobacco.
5. The Coaches, at their discretion, can ask an athlete to stop attending training sessions. A refund will be provided in this case. Examples of athlete behaviour resulting in such an action include: drug or alcohol abuse, tobacco use, unsatisfactory work ethic or attendance at training sessions; disrespectful behaviour towards a coach, official or athlete.

Parent/Guardian Signature: _____
 Athlete Signature: _____