

Victoria Speed Project 2023/24 REGISTRATION FORM



E&KZD/KE/Ed Z			OFFICE USE ONLY
Last Name	First Name	Age (as of Dec. 31/2024)	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			
Parent/Guardian 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)			
ANNUAL CLUB FEES: PAID TO VICTORIA SPEED PROJECT, CASH OR CHEQUE 2023 VSP Membership Fee (Non-competitive athletes) includes annual insurance <input type="checkbox"/> \$45.00 BC Athletics Yearly Registration Fee, BC Athletics and Insurance (age as of Dec. 31/23): Competitive Athletes ONLY. Junior Development (Age 9 -13) <input type="checkbox"/> \$160.00 Midget (Age 14 as of Dec. 31, 2023) <input type="checkbox"/> \$170.00 Midget (Age 15 as of Dec. 31, 2023) <input type="checkbox"/> \$173.50 Youth, Junior, Senior (16+) <input type="checkbox"/> \$194.50 Masters (35+) <input type="checkbox"/> \$163.00 Total Fees Attached: \$ _____		COACHING FEES: (Quarterly) Paid to DACRE BOWEN 1-2 days per week - \$265 3-6 days per week - \$475 Quarterly payments by , cash, credit card or etransfer, due 1st of each quarter (pro-rated for first month) e-transfer: dacrejbowen@hotmail.com, call or text Linda Bowen for cc pmt - 250-216-5820 Person responsible for payments: Name: _____ Phone: _____	
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: _____			
			Reminder: Medical form (see page 2) Payment must accompany this Membership Application

