



## SILVERTIP ARCHERS MEMBERSHIP APPLICATION FORM

### 2011 - 2012 FEE SCHEDULE

_____	<u>BCAA</u>	+	<u>CLUB</u>	=	<u>TOTAL</u>	[ <input type="checkbox"/> ]	CHQ.# _____
_____	ADULT 54	+	145	=	\$199	[ <input type="checkbox"/> ]	CASH
_____	FAMILY 114 +		230	=	\$344	PLEASE CHECK ONE/ADD CHQ.#	
_____	JUNIOR 48 +		95	=	\$143		

Please circle amount due.

SURNAME	FIRST NAME	M/F	BIRTHDATE MM/DD/YYYY
ADULT #1 _____	_____	_____	_____
ADULT #2 _____	_____	_____	_____
JR. #1 _____	_____	_____	_____
JR. #2 _____	_____	_____	_____
JR. #3 _____	_____	_____	_____

PARENT/GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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 beginners 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 \_\_\_\_\_

*Continued on reverse side....*

## Medical Release (PLEASE PRINT)

Participant: \_\_\_\_\_

BC Health #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ ph#: \_\_\_\_\_

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