



MEMBERSHIP FORM

WE STRONGLY RECOMMEND THAT ALL PARTICIPANTS OBTAIN SUPPLEMENTAL HEALTH / DENTAL INSURANCE TO PROTECT THEIR INTERESTS IN THE EVENT OF INJURY.

Initial

Please print

SPORT _____ Zone # _____ Current Year _____
(if applicable)

Preferred First Name _____ Last Name _____

Mailing Address _____ City _____ Postal Code _____

Contact Phone # _____

Email Address _____

It will only be used to send you BCSGS correspondence and information pertinent to the Games

Gender Male Female Birth Date YYYY _____ MM _____ DD _____

- Membership in the BC Seniors Games Society requires a yearly membership fee of **\$20.00**.
- A signed copy of the Release of Liability, Waiver of Claims and Assumption of Risk Form is needed to participate in the 55+ BC Games. This entitles a member to participate for any Zone play-off that may be needed.
- There will be additional fee(s) for those who enter the Games.
- A Registration Form signed by each member is a requirement of our Risk Management and a condition of entry in Zone play-offs and the 55+ BC Games.
- The Release of Liability, Waiver of Claims and Assumption of Risk Form will be stored as part of the Zone records.
- Participant information is collected under the authority of the BC Seniors Games Society as collector and custodian of this information. The information provided will be used to determine the eligibility to participate in the annual 55+ BC Games.
- The name, home town, and sport of the registered participant will be provided to media outlets and available on the BC Seniors Games Society and/or the annual Host Society websites.
- The name, address, and image of the registered Participants may be used in non-commercial promotion/development of sport by the BC Seniors Games Society.
- The names and addresses, and images may be provided to the Premier and the Minister Responsible for Community, Sport, and Cultural Development.

The annual Host Society, the BC Seniors Games Society, the BC Games Society, and the Province of British Columbia do not assume responsibility for loss of wages, medical, dental or hospital care for athletes, officials, or volunteers during the annual Games or as a result of participation in the Games.

Signature

Date

If you will be a participant or non-participant at the Games, you must complete the Registration Form.