



CLUB REGISTRATION FORM (2010-11)

CLUB NAME:	LOCATION:
Club Contact Name:	Phone: ()
Fax: ()	email:
Club Mailing Address:	Club Webpage:
City:	Postal Code:

CLUB EXECUTIVE

President:	Phone Number: ()	email:
Vice President:	Phone Number: ()	email:
Secretary	Phone Number: ()	email:
Treasurer:	Phone Number: ()	email:

CLUB COACHES, MEMBERS & WORKOUT INFORMATION

Please list the names and qualifications of all Club Coaches, and verify whether they will be coaching athletes under the age of 19 years. Note: All Coaches involved with athletes under 19 are required to submit a Criminal Record Check (CRC) to Triathlon BC every 3 years. All coaches must be current TriBC members.

Members under 19 years of age as of Dec 31/10 YES / NO (circle one)

Name of Coach 1: _____ TriBC # _____

Qualifications: _____ NCCP NUMBER: _____

Date of last Criminal Record Check (if coaching athletes under 19) _____

Name of Coach 2: _____ TriBC # _____

Qualifications: _____ NCCP NUMBER: _____

Date of last Criminal Record Check (if coaching athletes under 19) _____

(If required, please list additional coaches on a separate sheet)

IN ORDER TO PROVIDE ONLINE PASSCODES AND CLUB MEMBERSHIP DISCOUNTS, CLUBS MUST MEET MINIMUM ELIGIBILITY GUIDELINES, INCLUDING MINIMUM PARTICIPANT NUMBERS AS LISTED BELOW.

- Minimum of 10 members in Zones 2, 3, 4, 5 and 6 (includes Thompson-Okanagan, Fraser Valley, Fraser River-Delta, Vancouver-Squamish and Vancouver Island).
- Minimum of 5 members in Zones 1, 7 and 8* (includes Kootenays, North/West BC and Cariboo-North East BC)

Please provide member names below:

Name 1 _____ Name 2 _____

Name 3 _____ Name 4 _____

Name 5 _____ Name 6 _____

Name 7 _____ Name 8 _____

Name 9 _____ Name 10 _____

For insurance purposes, please list the location, day of week, type of workout and specific times for all Club workouts.
(attach extra pages as required)