

**St. Albert BMX Association**  
**Box 48051**  
**St. Albert, Alberta T8N 5V9**

**Temporary membership** (3 race nights)  
 **Full Licensed Membership**

Plate # \_\_\_\_\_

New BMX License:  ( Provide copy of Birth Certificate or Passport to confirm citizenship)

Renewal:  UCI License #: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Alberta Health Care # \_\_\_\_\_  
                    Year      Month      Day

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Person to contact in case of emergency, if parents are not available:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of the participation of the minor child, being permitted to participate in all activities, I hereby agree to indemnify and hold blameless St. Albert BMX Association, it's officers, employees, or agents, from any and all liabilities, from damages, loss or injury, either to person or property which the said minor may sustain while engaging in any activity conductive by or in connection with St. Albert BMX Association, including but not limited to transportation.

I hereby certify that I have custody of or is the legal guardian of said minor. I further certify that the said minor child is physically able to participate in the activity set forth. I further agree to reimburse or make good any loss or damage costs that St. Albert BMX Association may incur if any litigation arises on account of any claim being made by said minor or anybody on said minor's behalf. I agree that in the event that said minor requires medial or surgical treatment while under the supervision of personnel of St. Albert BMX Association in connection with any sponsored activity, that such personnel may authorize such treatment. I also agree to pay all medical, hospital, or other expenses, which said minor, may incur as a result of such treatment.

I hereby expressly grant and assign to St. Albert BMX Association, it's officers, employees or agents, the right to photograph said minor child and use his/her picture, silhouette and any other reproduction of physical likeness (as may appear in any still photograph or videotape) in any way deemed fit by them in connection with exhibitions, advertising, exploiting and or publicizing on television or otherwise. I further give to St. Albert BMX Association the right to reproduce in any manner whatsoever any recordation made of said minor's voice and all instrumental musical or other sound effects produced by same.

I have read and understand the preceding paragraphs:

**Signature of Rider (if over 18) or Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete back →**

Payment: Cheque  Cash

Membership: \$45.00 \$95.00 \$175.00 \$190.00 Discount: \_\_\_\_\_

( 2<sup>nd</sup> member -\$10.00 3<sup>rd</sup> member -\$20.00 4<sup>th</sup>+ member -\$30.00 )

Plate \$5.00  Sticky Plaque received  Other: \_\_\_\_\_

**Medical Information:**

Rider Name \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please **circle** the appropriate response below pertaining to rider:

- Yes    No    Previous history of concussions
- Yes    No    Fainting episodes during exercise
- Yes    No    Epilepsy
- Yes    No    Asthma
- Yes    No    Trouble breathing during exercise
- Yes    No    Diabetes
- Yes    No    Hypoglycemia
- Yes    No    Heart Condition
- Yes    No    Wears Medical Alert Bracelet or necklace
- Yes    No    Wears glasses or contact lenses
- Yes    No    Wears braces, retainer, mouth-guard, false teeth
- Yes    No    Has hearing problem or hearing aids
- Yes    No    Has had illness lasting more than a week in the past year

Details: \_\_\_\_\_  
Yes    No    Has had surgery in the past year

Details: \_\_\_\_\_  
Yes    No    Has been in hospital in the past year

Details: \_\_\_\_\_  
Yes    No    Has had injuries requiring medical attention in the past year

Details: \_\_\_\_\_  
Yes    No    Presently injured

Details: \_\_\_\_\_  
Yes    No    Any health problem that would interfere with participation in BMX

Details: \_\_\_\_\_

(attach separate sheet if necessary)

Allergies: \_\_\_\_\_

Medication currently taking: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Immunizations up to date: \_\_\_\_\_

Any further information (not covered above): \_\_\_\_\_

**Any medical condition or injury problem should be checked by your physician prior to participating in a BMX Event.**

I understand that it is my responsibility to keep St. Albert BMX Association advised of any change in the above information as soon as possible and that in the event one can be contacted St. Albert BMX Association will take my child to the hospital or doctor if deemed necessary or call an ambulance if need be. Also, in the event no one can be contacted, I agree that, if said minor requires medical or surgical treatment while under the supervision of personnel of St. Albert BMX Association in connection with any sponsored activity, that such personnel may authorize treatment.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (BMX Association, First Aid personnel, Track Operators, physician and nursing staff) as deemed necessary.

I have read and understood the preceding paragraphs.

Signature of Rider (if over 18) or parent: \_\_\_\_\_ Date: \_\_\_\_\_