



ST. ALBERT BMX 2015 REGISTRATION FORM

RIDER'S NAME: _____

RACING CLASS:

- | | | | |
|---------------------------------|----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Cruiser | <input type="checkbox"/> Novice | <input type="checkbox"/> Junior |
| <input type="checkbox"/> Female | <input type="checkbox"/> 20" | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Elite |
| | <input type="checkbox"/> Both | <input type="checkbox"/> Expert | |
-
- | | | | |
|---|-------|--|--|
| <input type="checkbox"/> 30 Day Trial Membership | \$30 | Family Discount: | |
| <input type="checkbox"/> Upgrade to Club Membership | \$85 | <input type="checkbox"/> 2 nd member - \$10 | |
| <input type="checkbox"/> Club Membership | \$115 | <input type="checkbox"/> 3 rd member - \$20 | |
| <input type="checkbox"/> Volunteer Cheque | \$150 | <input type="checkbox"/> 4 th + member - \$30 | |

Registration with ABA: UCI License #: _____ General Membership #: _____

Rider's Age: _____ as of December 31, 2015 New to BMX? Yes or No (circle one)

Rider Name: _____ Plate #: _____

Address: _____ City: _____

Prov: _____ P.C.: _____ Phone: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

D.O.B.: ____/____/____ Alberta Health Care #: _____
 Month Day Year

PERSON TO CONTACT IN CASE OF EMERGENCY IF PARENT / GUARDIAN IS NOT AVAILABLE:

Name: _____ Phone: _____

Relationship to Rider: _____

----- FOR CLUB USE ONLY -----

Total Amount Paid: _____ Payment Type: ___ Cash ___ Cheque ___ Debit/Credit

Date: _____ Received By: _____ ABA Registration Confirmed _____

Volunteer Cheque (\$150 / Post-dated for Sept. 30/2015) Received: _____

Please detail any additional personal or medical information about the rider that we need to be aware of (i.e. allergies, medical conditions, glasses or contact lenses, asthma, epilepsy, diabetes, etc.).

Any medical condition or injury problem should be checked by your doctor prior to participating in a BMX event

In consideration of the participation of myself or the said minor child, being permitted to participate in all activities, I hereby agree to indemnify and hold blameless St. Albert BMX Association, it's officers, volunteers, or agents, from any and all liabilities, from damages, loss or injury, either to person or property which myself or 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 have read and understand the preceding paragraph Initial: _____ Date: _____

I hereby certify that I have custody of or am the legal guardian of said minor. I further certify that the said minor child (or myself) 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 myself or the 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 such treatment. I also agree to pay all medical, hospital, or other expenses, which myself or the said minor may incur as a result of such treatment.

I have read and understand the preceding paragraph Initial: _____ Date: _____

I hereby expressly grant and assign to St. Albert BMX Association, its officers, volunteers, agents, and assigns the right to photograph myself or the said minor child and use his / her / my 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, website, and / or publicizing on television or otherwise. I further give to St. Albert BMX Association the right to reproduce in any manner whatsoever any recording made of said minor's / my voice and all instrumental, musical or other sound effects produced by same.

I have read and understand the preceding paragraph initial: _____ Date: _____

The new Canada Anti-Spam Legislation which regulates the distribution of electronic messages, came into force on July 1, 2014. To comply with this new law, the St. Albert BMX Association is required to obtain your consent in order to send or continue to send you e-communications from our organization. This includes our newsletter, as well as publications, announcements, invitations and other news and information of a commercial nature. If you choose to no longer want to receive St. Albert BMX emails, you may withdraw your name from our contact list by you notifying St. Albert BMX.

I have read and understand the preceding paragraph initial: _____ Date: _____

IN WITNESS WHEREOF, I/We sign this release on the ____ day of _____ 2015

Signature of Parent / Guardian / Adult Competitor