## **Coquitlam Cheetahs Registration Form**

loday's Date:	<del></del>
Athlete Information:	
Last Name: First	Name: Date of Birth (Y/M/D):
Phone:	Male[] or Female[] please provide copy of Birth Certificate
Returning Athlete [ ] or New	Club Member [ ]
Mailing Address:	
Email:	
Citizenship: Canadian [ ] Stud	dent Visa [ ] Landed Immigrant [ ] Other
Type of Membership:	
JD - Junior Dev. (9-13) [ ] U16 (14-15) [ ] U18 (16-17) [ ]	U20 (18-19) [ ] Senior 20+ [ ] *Post-Secondary* U20 [ ] Senior [ ]
Completed BC Athletics Reg	istration [ ] BC Athletics Number:
(must complete BCA registrati	on prior to joining the club)
Parent / Guardian Informatio	n:
Name(s):	
Phone:	
Email:	(primary method of contact)
and Field Club. I assume all risks absolve, indemnify, and agree to I	proval for my or my child's participation in the Coquitlam Cheetahs Track and hazards incidental to such participation and do hereby waive, release nold blameless all organizers, sponsors, supervisors, and participants, for ept to the extent which may be covered by transportation insurance.
Applicant Name	Signature
Parent/ Guardian Name (if und	ler 18) Signature