

BC Summer Swimming Association
Temporary "Parent Relay" Membership (Minimum Age: 19)

Club Initials: _____ Region: _____

Last Name		First Name	
Birth Date		Gender	
Address			
City		Postal Code	
Home Phone		Other Phone	
Email			

What is the BCSSA ID of your registered BCSSA Athlete? _____

Note: Only parents of registered BCSSA athletes can register in this category.

Have you been registered in this "Parent Relay" Membership Category Before? YES NO

Medical information pertinent to registration:

This temporary membership is only valid for one aquatic/swim meet.

Club Hosting Meet: _____ Date: _____

Meet Manager's Signature: _____

The BC Summer Swimming Association collects, uses and discloses your personal information for the purposes of verifying identity, registering swimmers, distributing BCSSA information, and fulfilling administrative and competitive functions of the aquatic programs within the BCSSA and its Member Clubs. It is a requirement of registration that the information be provided and, that it will only be used for the purposes indicated or purposes reasonable related. By your signature on this form you signify your consent to the collection, use and disclosure of your personal information to BCSSA and its Member Clubs in accordance with the BCSSA's Privacy Policy.

I certify that the above information is correct to the best of my knowledge:

Signed: _____ **Date:** _____

Notes to Club Officer:

1. The temporary "Parent Relay" membership is only valid for one swim meet, which the parent swims in.
2. A processing/insurance fee of \$5.00 is to be collected at the time of registration.
3. At the conclusion of the swim meet/event please mail this form and \$5.00 to the BCSSA Provincial Office within two days. ****Clubs shall remit one cheque with all forms****