\* mandatory fields

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: \* |  | | Last Name: \* | |  | |
| Middle Name: |  | | Email: \* | |  | |
|  |  | |  | |  | |
| Address: \* |  | | City: \* | |  | |
| Province: BC |  | | Postal Code: \* | |  | |
| Primary Phone #: \* |  | | Secondary Phone #: | |  | |
| Gender: \* | * Male * Female | | Language: | | * English * French | |
| Province of Registration: BC |  | |  | |  | |
|  |  | | Date of Birth (dd/mo/year): \* | |  | |
| Membership Type: | * Volunteer   X Introduction Member   * Provincial * Competitive | | Parent email if  under 18: \* | |  | |
| Name of High School (and team name, if different from school name):\* |  | | School District #: | |  | |
|  |  | |  | |  | |
| Role: \*  *Please select at least 1* | * Alumni   X Athlete   * Coach * Official * Volunteer | | First Year of Registration: 2017 | |  | |
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|  |  | | Level: \*  *Please select only 1* | | X Community Sport   * Regional * Provincial * National C * National B * National A * UANA * FINA * FINA- Retired | |
|  |  | |
|  |  | |  | |  | |
| *Please complete all fields and return form to your school or parent representative.* | | | | | | |
|  | |  | |  | |  |