\* 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.*  |
|  |  |  |  |