

Cheque: _____ Cash: ____

YOUTH - MEMBERSHIP FORM

January 1st to December 31st YEAR: 2018

PLEASE print separately for each person, thank yo	u. * indicates required field	
*Full Name:		
*Birth Date: Year Month Day	*Gender: Male □ Female □	
*Address:	*City:	
*Province: *Postal Code:	*First Nations: Yes □ No □	
*Phone/Text: Fax:		
*Email (parents):		
Email (youth):		
Sport(s) of Interest:		
Youth Membership	DONATION	
□ Deaf		
☐ Hard-of-Hearing	I would like to make a charitable donation of \$	
☐ Hearing	(Tax receipts will be issued for donation over \$20.00)	
☐ Free ~ Under age 19	Or donate on-line by credit card	
☐ \$10.00 ~ Post-Secondary student with ID	Canada Helps.org	
	www.canadahelps.org	
Name of your	I want to give to: BC DEAF SPORT and click GO.	
School:	The self-self-self-self-self-self-self-self-	
Do you want printed newsletters and flyers	Thank you for your support!	
mailed to you?		
☐ Yes ~ please add \$10		
Too Produce and \$10	Website	
\$ TOTAL PAYMENT	www.bcdeafsports.bc.ca	
TOTAL PAYMENT	www.bodcarsports.bo.oa	
MEDIA RELEASE (Photograph & Video Recording)		
mesi/titeee/toe (i notograph a vidoo itooording)		
I understand that photographs, and/or video recordings may be used by the BC Deaf Sports		
Federation in its general publicity, social media, informational brochures and newsletters, and future		
promotion of sport activities.		
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☐ I agree and give permission for the BC Deaf Sports Federation to take photographs and/or video		
recordings of me (or my child).		
☐ I do not agree and do not give permission for the BC Deaf Sports Federation to use photographs and/or		
video recordings of me (or my child).		
Printed Full Name Signature		
(Printed name of Parent/Guardian and signature is required if the ch		
*Please make your cheque payable to BCDSF and mail with this application. #4 – 320 Columbia Street, New Westminster, B.C. V3L 1A6		
#4 – 320 Columbia Street, New \	Westiminster, B.C. Val TA6	
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(Consent may be withdrawn at anytime upon written notice to the BCDSF office. If you have any questions please email info@bcdeafsports.bc.ca)		
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Office Use Only:
Record: ☐ Contact List: ☐ Card #: ____

BC Deaf Sports Federation Member Benefits

Website: www.bcdeafsports.bc.ca

- Insurance coverage by ALLSPORTS Insurance Marketing Ltd.
 - \$5 million Liability for all members
 - Sports & Social Activities (except skiing & snowboarding)
 - Accident insurance including blanket medical expenses reimbursement
 - Dental accident coverage to maximum \$5,000
- > E-mail Newsletters (3 to 4 times a year)
- BCDSF Sports E-Memos and Vlogs
- Discount BCDSF Admission fees ~ Silent Walk & Run and other events
- Qualified to use Sport BC Affinity Programs including BC Ferries Sport Experience Program (youth only) and KidSport Funding – See www.sportbc.com for details
- ➤ Eligible to apply for "Sports on the Move" grant ~ reimbursed up to 50% transportation expenses in BC
- ➤ Eligible to apply for "Sport Interpreting Service" grant
- Affiliated clubs, organizations, and athletes will have access to BCDSF grants
- Eligible to vote at the BCDSF Annual General Meeting
- Participation in Deaf Provincial, National and International competitions and recreational activities
- Member of the Canadian Deaf Sports Association (CDSA)
- > Eligible to participate in clinics & workshops hosted by BCDSF and affiliated clubs
- Provides access to higher level competition:
 - o Deaf National Championships
 - Deaf International/World Championships
 - Deaf Pan American Games
 - Winter & Summer Deaflympics

BCDSF is a non-profit organization and your membership will benefit BCDSF in many ways, including receiving grants from the government and supporting our athletes.

Thank you!

BCDSF gratefully acknowledges the financial support of the Province of British Columbia through the Ministry of Community, Sport and Cultural Development

