YOUTH – MEMBERSHIP FORM

January 1st to December 31st Year: 20___

PLEASE print separately for each person. Thank you.				* indicates required field
*Full Name:				
*Birth Date:	Year:	Month:	Day:	*Gender: Male ☐ Female ☐ Other ☐
*Address:				*City:
*Province:		*Postal Code:		*First Nations: Yes ☐ No ☐
*Phone/Text:			Fax:	
*Email (parents):				
Email (youth):				
Sport(s) of Interest:				

YOUTH MEMBERSHIP (age 0-18)

Name of School:

☐ **Deaf** ☐ **Hard of Hearing** ☐ **Hearing**

☐ **1-year membership** ☐ **3-year membership** ☐ **5-year membership** *Membership expired in December when reach the age 19 that year.*	FREE
☐ **Printed newsletters and flyers mailed to your address**	$10.00 Per year
TOTAL PAYMENT:	$

DONATION

I would like to make a charitable donation of:

$_____

Tax receipts will be issued for donations over $20.00

You can also donate online:
www.canadahelps.org
I want to give to: BC DEAF SPORTS and click GO.

DONATE NOW — CanadaHelps.org giving made simple

Thank you for your support!

MEDIA RELEASE (Photograph & Video Recording)

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.

☐ *I agree and give permission for the BC Deaf Sports to take photographs and/or video recordings of me/my child.*

☐ *I do not agree or give permission for the BC Deaf Sports to use photographs and/or video recordings of me/my child.*

_____ _____ _____

Printed Full Name | Signature | Date

Printed name of Parent/Guardian and signature are required for youth age 15 and under.

***Please make your cheque payable to BCDSF and mail with this application.**

#4 – 320 Columbia Street, New Westminster, B.C. V3L 1A6

Website: www.bcdeafsports.bc.ca

Consent may be withdrawn at any time upon written notice to the BCDSF office.
If you have any questions, please email info@bcdeafsports.bc.ca.

Office Use Only:

☐ Cash ☐ Cheque Record: _____ Initials Contact List: _____ Initials Card #: _____