BC SCHOOL SPORTS

Application for 2009-2010 Membership

All sections of this Application Form MUST be completed before it can be processed

School (Full Name):_____

Address and City: _____ Postal Code_____

School Phone: _____School Fax:_____ Athletic Association:_____

School Webpage Address: _____ General School E-Mail:_____

School Colours: _____ School Team Nickname: _____

Principal Name: _____ Principal email: _____

Athletic Director Name: _____ Athletic Director E-mail:_____

Direct Athletic Department Phone:_____

School Grades and Enrollment: *In accordance with BCSS Policy C7.1.1 (a), students in grades 11 and 12, and ungraded students in their fourth (4th) or fifth (5th) years of eligibility who are full time (75% course load – see D2.2) and are under nineteen (19) years of age as of December 31st of the current school year.*

	7	8	9	10	Ungraded (Junior Level)	11	12	Ungraded (4^{th} or 5^{th} yr. eligibility)	Total
Boys	_____	_____	_____	_____	_____	_____	_____	_____	_____
Girls	_____	_____	_____	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____	_____	_____	_____

For Alternate, Feeder and Distanced Ed schools only – Which school are the students playing up to?:_____ and for which sports teams: _____

If a school is a member of a BCSS Recognized Athletic Association, they must also be a member of BC SCHOOL SPORTS (BCSS) Bylaw 13.2.3).

BC SCHOOL SPORTS recognizes that the Administrative Head of each school is held ultimately responsible in all matters in his/her school which concern interscholastic athletic contests. **The requirement of membership in BC SCHOOL SPORTS is that Principals will ensure that policies established by BCSS Member Schools for interscholastic athletic competition will be followed by the administration, coaches and student-athletes of this school.**

_____	_____	_____
Principal Name (print)	Signature	Date
_____	_____	_____
Athletic Director Name (print)	Signature	Date

Return completed form via fax: 604-460-2003

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FOR OFFICE USE ONLY

Date Received: _____ Approved:_____ Fees paid: ( ) yes ( ) no