



# BC SCHOOL SPORTS

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## Membership Application Form 2011-2012

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 E-mail: \_\_\_\_\_

Athletic Director Name: \_\_\_\_\_ Athletic Director E-mail: \_\_\_\_\_

Direct Athletic Department Phone: \_\_\_\_\_

### School Grades and Enrollment: C7.1 Number Calculation for all Tier Classifications:

The tier designation count should include all students under (19) years of age as of December 31st of the current school year. These numbers should be the same count of students that are entered to the Ministry of Education on September 30 of the current year. (Note that Tier Classification is based upon the actual number of students in a building rather than a count of only eligible students.) (May, 2011)

Grades	8	9	10	11	12	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: 604-477-1484

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Fees paid: ( ) yes ( ) no