



LIFESAVING SOCIETY®

*The Lifeguarding Experts*

COMMONWEALTH CHAMPIONSHIP TIME TRIALS

REGISTRATION PACKAGE

**The BC & Yukon Branch in Cooperation with the  
Vancouver Lifeguard Association  
are pleased to invite you to the  
BC & Yukon Commonwealth Championship Time Trials  
(AKA DB Perks Championship)**

- DATE: Saturday, January 10, 2009
- LOCATION: Surrey Sport and Leisure Centre at 16555 Fraser Highway, Surrey, BC
- SCHEDULE: 12 noon Athletes and officials check-in  
12:30 p.m. Warm-up and officials meeting  
1:00 p.m. Events begin in following order:  
200 m Obstacle Swim  
100 m Carry with Fins  
50 m Manikin Carry  
200 m Super Lifesaver  
100 m Tow with Fins  
5:00 p.m. Events finish with awards following soon after
- COMPETITION: The competition is sanctioned by the Lifesaving Society and will be run as Long Course. Event Rules will be in accordance with the 2007 Edition of the *ILS Competition Manual*. Go to [www.lifesaving.bc.ca](http://www.lifesaving.bc.ca) for information.
- ELIGIBILITY: National Team Selection Criteria – must hold a current Bronze Medallion, Bronze Cross or National Lifeguard Service certification; registered athlete; Canadian citizen.
- ENTRY DEADLINE: Complete entries must be received by Wednesday, January 7, 2009. Refunds will not be issued after January 7 nor will they issued for those who do not attend.
- ENTRY FEES: Competitor fee - \$5 per competitor  
Event fee - \$5 per competitor per event
- REGISTRATION: Send Event Registration Form, National Athlete Registration Form & Waiver & Release Form with full payment information to Branch office as below.

# COMMONWEALTH CHAMPIONSHIP TIME TRIALS

## EVENT REGISTRATION FORM

(Please use one Event Registration Form, one National Athlete Registration Form  
and one Waiver & Release Form per competitor)

Club or Affiliate:					
First Name:			Last Name:		
Age:	Birthdate: (yr/mo/day)     /     /		Sex:	M	F
Mailing Address:					Apt/Ste #:
City:		Province:		PC:	
E-mail:		Phone: (     )			
Coach name:		Coach phone: (     )			
	<b>200 m Obstacle</b>	<b>100 m Carry with Fins</b>	<b>100 m Tow with Fins</b>	<b>50 m Manikin Carry</b>	<b>200 m Super Lifesaver</b>
Check events you wish to enter					
Enter your best time in events					
Competitor fee:				\$5 per competitor =	\$5.00
Event entry fee (per competitor per event)				___ events @ \$5/event =	
TOTAL AMOUNT OWING					

<b>Method of Payment</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Invoice Affiliate _____	
Credit Card Number: _____	Only Affiliates that are sponsoring competitor can be invoiced.
Name on Credit Card: _____	Expiry Date _____

**COMPETITOR REGISTRATION IS COMPLETE WHEN THE FOLLOWING HAS BEEN SUBMITTED:**

- Completed Event Registration Form
- Completed National Athlete Registration Form (this will be forwarded to Ontario Branch)
- Completed Waiver Form
- Entry fees paid

# COMMONWEALTH CHAMPIONSHIP TIME TRIALS

## WAIVER & RELEASE FORM

(Please read carefully before signing)

### 1. Conduct

I agree to abide by the rules, regulations and code of conduct of the championship, and further to behave in a manner consistent with ideals of good sportsmanship.

### 2. Voluntary Assumption of Risk

As a competitor in a lifeguard competition, I recognize that there are certain risks inherent in the activity as a result of factors including but not limited to, stress, number of people, water temperature and conditions. I have prepared myself for the competition and know of no factor or condition which should be disclosed to the organizers or which would make it unsafe for me to compete. I voluntarily assume all risks, both physical and legal including but not restricted to, loss of or damage to property, and personal injury including permanent disability or death.

### 3. Waiver of Liability

As a condition of entry and in consideration of my application as a individual or as a part of a team being accepted, I hereby waive my right to make any claim, whether for negligence of otherwise against the Lifesaving Society, the host, the facility operator, owner or occupier, the sponsors, the organizing committee or any of the servants, agents, affiliates, volunteers, judges, officials or other persons involved in the organization or running of the competition, events or associated activities. I further agree to indemnify and hold harmless all of the above, from any claim made on my behalf or as a result of injury to my person or property. I recognize that competitors are responsible for their own medical coverage.

### 4. Model Release

I transfer to the Lifesaving Society all rights whatsoever which I have in photographs and/or videos which photographers may have taken. I consent to the use of the photographs/videos, the publishing of my name for all purposes whatsoever, including without limitation, television, publications, and any trade or advertising purpose.

*I have carefully read and understand the four conditions of entry and in consideration for being allowed to compete, I have executed them voluntarily intending to be bound thereby and intending these conditions to be binding on my heirs, personal representatives & assigns.*

**Print name**

**Signature  
(Competitor/Coach)**

**Date**

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**Print name**

**Signature  
(Parent/Guardian if Competitor under 19 yrs)**

**Date**

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## LIFESAVING SPORT – NATIONAL ATHLETE REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Date of Birth (y-m-d): \_\_\_\_\_ Gender: \_\_\_\_\_

LSS ID#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Club/Affiliate: \_\_\_\_\_

**(If you are currently a Registered Athlete, you are not required to submit the following documents. Please provide your Registered Athlete Number: \_\_\_\_\_)**

Athletes must submit and attach at least one copy of legible documents that confirm and support each of (1) Canadian Citizenship (2) Date of Birth (3) Lifesaving Society Award (you must hold Bronze Medallion or higher certification):

**(1) Canadian Citizenship:**

Birth Certificate   
 or  
 Canadian Passport   
 or  
 Citizenship Card

**(2) Date of Birth:**

Birth Certificate   
 or  
 Canadian Passport   
 or  
 Citizenship Card

**(3) Lifesaving Award:**

LS Certification Card

**DECLARATION: I hereby declare that the statements made in this application are true.**

<b>Applicant's signature:</b>	<b>Date:</b> Year/Month/Day	<b>Signed at:</b> City/Province
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FOR OFFICE USE: DOCUMENTS RECEIVED	
Canadian Citizenship	Birth Certificate Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Canadian Passport Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship Card Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Birth Certificate Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Canadian Passport Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship Card Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lifesaving Award	Lifesaving Society Certification Card Copy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Athlete Number: _____	

Note: At this time, there is no fee to become a nationally registered athlete.