



South Fraser District Association

Club Membership Application



ORGANIZATION INFORMATION

Organization Name:	
Main Contact Individual Name:	
Main Contact Individual Position:	
Organization Address:	
City & Postal Code:	
Contact Individual Daytime Telephone:	
Contact Individual Mobile Telephone:	
Contact E-mail:	

Please provide general information on your organization and why you are applying for membership.

Please describe the type of programs or programming your organization provides (e.g. age(s), gender(s), etc., including adult if necessary).

Please describe how your membership with South Fraser District Association will benefit soccer and grow the game.



Additional Comments (if any)

Please use this space to provide any additional general information about your organization.

ORGANIZATIONAL READINESS

Listing of Board/Ownership/Executive of applying organization

Position	Name	Primary Telephone	E-mail	Vulnerable Sector Check completed (Yes/No)

Listing of Staff of applying organization

Position	Name	Primary Telephone	E-mail	Vulnerable Sector Check completed (Yes/No)



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Please check the boxes to confirm the following documentation will be provided with this application:

A copy of the organization’s current incorporation/registration status with the Province of British Columbia as a registered society, sole proprietor, partnership and/or incorporation (whichever is applicable).

Documentation to confirm the organization has access to field allocation that is safe for training and match players for all of its registered players (i.e. proof of ownership of or rental of facility(s), or letter of support from municipality once membership is achieved)

A copy of the organization’s Constitution & Bylaws and/or equivalent documentation stating the organization’s principles, purpose and how decisions are made.

Additional Comments (if any)

Please use this space to provide any additional comments related to your organization’s overall readiness to be a member of South Fraser District Association (and an affiliated club of BC Soccer).



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SAFE SPORT

Please check the boxes to confirm the following documentation will be provided with this application:

Privacy Policy

Discipline and Ethics Policy

Code of Conduct for Players

Code of Conduct for Coaches

Code of Conduct for Parents

Code of Conduct for Club Officials

REFUND POLICY

Risk Management Policy

Program for participants from under-representative groups and those with disabilities.

Non-Discrimination and inclusive programming for male and female players, this to include all individuals regardless of where a person identifies on the gender spectrum.



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Please identify the organization’s Risk Management Officer by completing the information below:

Name:	
Daytime Telephone:	
Mobile Telephone:	
Contact E-mail:	

<p>Criminal Record Check Compliance</p> <p>All BC Soccer directors, volunteers, employees of BC Soccer or an affiliated BC Soccer organization aged 19 years and older participating on a regular basis in any element of youth soccer, adaptive soccer, or who will be with a vulnerable person must have a valid (within 3 years) Vulnerable Sector Check or Enhanced Police Information Check on file in accordance with BC Soccer’s Criminal Record Check Policy.</p>
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Please complete the information below.

VULNERABLE SECTOR CHECK / ENHANCED POLICE INFORMATION CHECK SUMMARY

Number of VSC/EPIC REQUIRED:

(The total number of board, staff, contractors, and volunteers that are 19 years of age and older)

Number of VSC/EPIC COMPLETED:

(A VSC/EPIC is “completed” when the organization has received the results from an approved agency and there are no flags, or, when the organization has reviewed and made a decision on a VSC/EPICs with any identified flags.)

Number of VSC/EPIC SUBMITTED & IN PROCESS:

(The number of individuals who have confirmed their submission to an approved agency and are waiting to receive the results, including fingerprints if required)

Number of VSC/EPIC NOT SUBMITTED:

(The number of individuals who have not submitted the appropriate information to an approved agency)

Please check/mark the box to agree/confirm the following:

I confirm that those individuals who have not submitted a VSC/EPIC will not continue in their role with the organization until their VSC/EPIC has been completed.



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FLAGGED VULNERABLE SECTOR CHECK / ENHANCED POLICE INFORMATION CHECK

Of the **COMPLETED** VSC/EPICs, please indicate the number of checks that were flagged and how the organization handled them below:

Number of VSC/EPIC **Flagged**:

Of those individuals with flagged VSC/EPICs how many were:

Able to continue within their role as intended with the organization:

Able to continue working/volunteering with the organization in a different or **modified role**:

Not able to continue working/volunteering with the organization:

Risk Management Officer Name (please print)

Risk Management Officer Signature

Date

Additional Comments (if any)

Please use this space to provide any additional comments related to Safe Sport and/or describe any other Safe Sport initiatives your organization participates in (examples: Respect in Sport Training, Commit to Kids Training, etc.)



SPORT 4 LIFE - Player Registration, Programs, Community Engagement

In alignment with BC Soccer’s District Standards for New Club Membership Applications document, South Fraser District Association requires new club applicants to register 200 players for the first initial playing season. The final component for New Club acceptance and participation in the initial playing season is the May 31 deadline to submit their 200 player’s paid registration list.

Schedule of Target Dates during the application year.

Sept 1 to Oct 31	Time period/Deadline for receipt of new club application to the SFDA
Nov 15	Completion of SFDA preliminary review of new applications
Dec 31	Completion of review by SFDA panel Meeting with new applicants
Jan 10	Response to application
May 31	Deadline for completion of new member organization paid registrations

Due to the BCSA District Standards for New Club Applications Deadlines there will be no revisions or extensions granted to applications that are incomplete or fail to meet the criteria of Target Dates or Deadlines. These applications will be considered invalid. If the applicant wishes to re-submit, a new application can be submitted at the next acceptance Time period.

Please check the boxes to confirm/agree the following:

Registration data and fees will be submitted in alignment with South Fraser District Association’s registration submission deadlines

Please describe the type of programs or programming your organization provides (e.g. age(s), gender(s), etc., including adult if necessary).

Please describe how your organization will engage with the community and/or other clubs in the District to promote participation in soccer.



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Please check the boxes to confirm/agree the following:

On behalf of my organization, I agree to work collaboratively within and/or, and/or Inter-District leagues and maintain good standing with my South Fraser District Association South Fraser District Association and BC Soccer.

I hereby confirm and declare that my organization will adhere to all applicable Bylaws and rules/Regulations of the South Fraser District Association (SFDA), as well as applicable Bylaws and Rules/Regulations of the British Columbia Soccer Association (BCSA) and the Canada Soccer Association (CSA).

On behalf of my organization, in alignment with the principles of Long-Term Player Development, I agree to inform players of playing development and/or advancement opportunities within South Fraser District Association, BC, and/or Canada as they become available. I acknowledge that players and their families have the right to make the choice on the environment they play in. I agree to fully support players in their decisions.

On behalf of my organization, I am not to accept entire teams moving from any other club member (NOTE: an entire team is 50% or more of the team’s registered players)

I understand that should my organization be accepted into membership with South Fraser District Association, my organization must opt in and show that it is actively working towards achieving Canada Soccer’s Charter Standard within 36 months of being accepted into membership.

Additional Comments (if any)

Please use this space to provide any additional comments related to how your organization promotes Sport 4 Life.



FINANCE

Please provide the organization’s fiscal year in the space below.

Please check the box to confirm the following documentation will be provided with this application:

A budget for the organization’s next fiscal year

Please check the boxes to confirm/agree the following:

Upon a successful application, I can confirm that my organization will be able to provide a cheque for a bond in the amount of \$10,000.00 to South Fraser District Association within 4 weeks of being notified of a successful application. I understand that if my organization is not able to provide a cheque within this timeline, its membership could be revoked.

I understand that 50% of the bond provided will be reimbursed after one year of membership whereby all of my organization’s obligations of membership have been met.

I understand that the other 50% of the bond provided (less any the amount of any annual bond required from all member clubs) will be reimbursed after the second year of membership whereby all of my organization’s obligations of membership have been met.

Upon a successful application, I can confirm that my organization will submit a minimum Notice to Reader Financial statements prepared by a CPA licensed in public practice, annually to South Fraser District Association.

Additional Comments (if any)
Please use this space to provide any additional comments related to the finances of your organization.



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COMPLETE APPLICATION

Please read the following statement and sign below to confirm acknowledgement and understanding:

This application form and supplemental documentation has been provided to South Fraser District Association in good faith as application for membership. It is up to date and provided to the best of my knowledge.

Organization President / Owner Name
(Please print)

Organization President / Owner Name
Signature

Date

Additional Comments (if any)

Please use this space to provide any other comments you deem pertinent for South Fraser District Association Membership _____ (Committee or Panel) to know.

