



## Fitness Leadership Parental Leave Application

This application form will allow you to apply for a **maximum of one year** of parental leave and will put a hold on your BCRPA Fitness Leader registration. Please note that your registration will show as expired for the duration of your parental leave and upon the conclusion of your parental leave, your registration will automatically be reinstated. Please read the Terms and Conditions of Parental Leave listed at the bottom of the application form before submitting.

To apply for Fitness Leader parental leave, please complete this application form and send it to [registration@bcrpa.bc.ca](mailto:registration@bcrpa.bc.ca). Please note there is a 3-4 week processing period and upon application approval, you will receive an email from the BCRPA.

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

**Email Address (as listed on The Registry®):** \_\_\_\_\_

**BCRPA Fitness Leader ID Number:** \_\_\_\_\_

**Requested Period for Parental Leave (please list the day, month and year):**

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Expected Delivery Date:** \_\_\_\_\_

**Terms and Conditions:**

*I confirm that I am eligible for a one-year parental leave and will be taking this leave during the dates noted above. I understand that my BCRPA registration will be listed as "Expired" for the duration of my parental leave and as such, I will be unable to practice as a BCRPA Registered Fitness Leader for that time. I understand that if I practice as a Fitness Leader during my parental leave, I will not be covered by my group liability insurance. I understand that my registration will be reinstated automatically upon the conclusion of my parental leave. If I choose not to return to Fitness Leadership, I understand that my registration fees will not be refunded. I understand that upon my return, my registration will have a new expiry date and it is my responsibility to note this new expiry date. I understand that upon my return, my CPR and First Aid must be up-to-date and that I will need to complete my regular renewal requirements before my new registration expiry date.*

**I agree to the above Terms and Conditions.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please submit this completed application to [registration@bcrpa.bc.ca](mailto:registration@bcrpa.bc.ca). Please allow 3-4 weeks for processing.