



2017 /18 WINTER Registration / Medical Form

Name _____ Phone # _____

Address _____
Street Apt. # City Postal Code

Date of Birth: (dd/mm/yyyy) _____

e-mail address: _____

Current Member New Member**

Winter Training Group (check one only):

- Elementary Competitive
- High Performance Alumni Masters

WINTER PROGRAM FEES:

- Elementary: **\$250**
- Competitive & High Performance: **\$350 + HST* = \$395.50**
- Master, Alumni: **\$200 + HST = \$226**

REGISTRATION PAYMENT

PROGRAM FEE: _____

MEMBERSHIP** : _____

OTHER: _____

TOTAL FEE PAID: _____

* HST is **NOT** applicable if member is less than 15 years old as of Nov 1st, 2016

** New Members must also pay pro-rated membership fee (\$100 +HST* = \$113)

NOTE: Elem, Comp & HP fees include a \$20 activity fee

Please read the following carefully before signing.

- The Applicant can swim 50 metres.
- In the event of emergency, I give the Burloak Canoe Club Staff permission to arrange any emergency medical care including hospitalization, if necessary.
- I acknowledge that participation in all Club activities is at my own risk.
- I hereby release the Burloak Canoe Club, its officers, directors and employees from all claims of damage arising from any accident or injury which is caused by or arising from participation of the applicant during any program or in any location where a program is being held.
- Complete Registration & medical forms required to be completed for full membership..

Paddler's Signature* _____ Date: (dd/mm/yyyy) _____

*Parent's signature if paddler is under 18 years old

BURLOAK CANOE CLUB MEDICAL INFORMATION

Person to contact in case of accident or emergency

Name: _____ phone #: _____ cell # _____

Address: _____ Relationship to paddler: _____

Any medical information that BCC should be aware of: (Medications, Allergies, Medical Conditions, Recent Injuries, Medic Alert information, etc):

* Any medical condition or injury problem should be checked by your physician before participating in any of the paddling programs. I understand that it is my responsibility to inform Burloak Canoe Club of medical information that could affect participation.

Date: _____ Paddler's Signature*: _____

*Parent's signature if paddler is under 18 years old