



2018 REGISTRATION FORM

Athlete Name _____ Phone # - home _____
Phone # - cell _____

Address _____
Street Apt. # City Postal Code

Date of Birth: Day _____ Month _____ Year _____ Male Female

Athlete e-mail address: _____ @ _____

Parent Name (if athlete is under 18 yrs old) _____

Parent's email address _____ @ _____

New Member _____ Returning Member _____ Transfer Member _____ (from which Club _____)

2018 Program & Registration Fee (incl HST & Regatta Deposit*, if applicable)

- Spring War Canoe (\$125) Sprint Starter (\$199) week: _____
- Elementary U11 - May-Oct (\$788.55) OR Summer start (\$688.55)
- Elementary U13 - May-Oct (\$852.55) OR Summer start (\$752.55)
- Elementary U15 - May- Oct (\$930.55) OR Summer start (\$830.55)
- Adult (\$831.98) Masters (\$821.98) Masters 1st year (\$595.98)
- Competitive U15 (\$1,270.55) High Performance (\$1,504.55)
- High Performance Summer (\$1,233.35) National Team (\$175.00)
- Alumni (\$350.55) Life Member (\$85.00) Coach

REGISTRATION PAYMENT

REGISTRATION FEE: _____

ELEM PM ADD-ON** : _____

FUNDRAISING FEE ***: \$100 or \$150

BOAT STORAGE FEE****: _____

TOTAL FEES: _____

* **Regatta Entry Fee Deposit** varies based on program. Unused fees will be refunded in Sept. If additional entry fees are incurred over the deposit amount, they will be invoiced in August. There is NO Regatta Fee deposit for Elementary Program.

** **Elementary Afternoon ADD-ON: \$399** - only available if registering for morning Elementary Program

*** **Mandatory Fundraising Fee** \$100 per individual / \$150 per family

**** **Private Boat Storage fees:** Member 1st boat \$60, Non-member / member 2nd boat \$120.

Family Plan applies to 3 or more in one family - See T&Cs for details of family membership. Contact Registrar for fee amount.

Please read the following carefully before signing:

- **I understand my Volunteering and Fundraising commitments to the Burloak Canoe Club. INITIALREQ'D** _____
- 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 am providing permission to have my /my child's photo used for promotional purposes. **INITIALREQ'D** _____
- 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.
- I understand private boats and equipment are not covered by the Burloak Canoe Club's insurance.
- NSF fee \$25. Program withdrawal fee \$50 (Registration fee is non-refundable after 1 month).

Paddler's Signature* _____ Date: _____

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



MEDICAL INFORMATION SHEET

Name: _____

Date of birth: Day _____ Month _____ Year _____

Provincial Health Card Number (include version): _____

Parent Contact Information - for Paddlers under 18 years of age:

Mother's Name: _____ Father's Name: _____

Contact phone #: Mother: _____ Father: _____

Person to contact in case of accident of emergency

Name: _____ Telephone: _____

Address: _____ Relationship to paddler: _____

Doctor's Name: _____ Telephone: _____

Medications: _____

Allergies: _____

Medical conditions: _____

Recent Injuries: _____

Last complete physical exam: _____ Last Tetanus Shot: _____

Any information not covered above that your coach should be aware of:

* 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 keep my coach advised of any change in the above information as soon as possible.

Date: _____

Paddler's Signature*: _____

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