



2018 /19 WINTER Registration / Medical Form

Name _____

Phone # _____

Address _____

Street

City

Postal Code

Date of Birth: day _____ month _____ year _____

e-mail - athlete: _____ parent: _____

Current Member New Member**

Winter Training Group (check one only):

Elementary Competitive

High Performance Alumni Master

WINTER PROGRAM FEES:

- Elementary: \$250

- Competitive & High Performance: \$450 + HST* = \$508.50

NOTE: Comp & HP fee includes paddle pool (10 weeks, 2x per week beginning in January)

- 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, 2018

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

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