

APPLICATION for CLUB MEMBERSHIP

QUINTE ROWING CLUB INC.

PARTICIPANT INFORMATION

Name _____ Date of Birth: D M YR ___/___/___
 Street _____ R.R.# _____ City _____ Postal Code: _____
 Phone _____ School _____ Health Card No. _____
 E-Mail _____

Emergency Contacts:

Name	Relation	Phone
1. _____	_____	(____)____ - _____
2. _____	_____	(____)____ - _____

Rowing Experience: Yes/No _____ Swimming Experience: Yes/No _____

Relevant Medical Information: (Briefly state any allergies, injuries, medications, physical limitations or personal conditions which may influence your ability to perform in some rowing activities)

TYPE: Check one of the following ADULT or YOUTH

PROGRAMS: Check any applicable

<input type="checkbox"/> ROWING LEAGUE / MASTERS	<input type="checkbox"/> LEARN to ROW
<input type="checkbox"/> SUMMER CLUB COMPETITIVE	<input type="checkbox"/> HIGH SCHOOL COMPETITIVE
	<input type="checkbox"/> FALL HEAD RACES

RELEASE, WAIVER AND ASSUMPTION OF RISK

I, _____ acknowledge and agree that in consideration of being permitted to participate in the activities of the Quinte Rowing Club Inc. to release the Quinte Rowing Club Inc., the City of Belleville, its agents, servants and employees from any claims of any kind, and represent that:

- 1) I certify that I have the ability to swim;
- 2) I agree to comply with the rules, regulations, instructions, and safety regulations concerning the Quinte Rowing Club Inc.;
- 3) I am aware that certain risks exist in the performance, activities and programs of the Quinte Rowing Club Inc.. Among other things, these risks include adverse weather, exposure to the elements,, capsizing, collision with other vessels and drowning. Such risks as well as unexpected and unforeseen events or conditions could lead to physical injury or death. I voluntarily participate in these programs and utilize various Quinte Rowing Club Inc. facilities and equipment and recognize that risks also exist associated with travel, competitions such as, rowing and ergometer regattas and with knowledge of the dangers and responsibilities involved, do accept any and all risk of injury or death.

INFORMATION DISCLOSURE STATEMENT

I grant the Club permission to disclose my personal information to ROWING CANADA AVIRON (RCA) and ROWONTARIO (ORA) for the reasons listed below. Such permission is indicated by a mark in the check box.

- Receiving solicitation from RCA's sponsors such as MBNA;
- Receiving advertisements from RCA's sponsors about their products or services through mailings done within RCA;
- Receiving solicitation from within RCA for fundraising or other commercial activities.

Date: ___/___/___ Signature of Rower: _____

Signature of Parent of Guardian: _____

Key Deposit (\$20.00) Key No. _____ Paid Yes/No Date ___/___/___ Refunded: Date ___/___/___ Initials _____

Singlet Deposit (\$20.00) Paid Yes/No Date ___/___/___ Refunded: Date ___/___/___ Initials _____

Program Cost _____

Bingo Sign-Up _____