

Application for QRC Membership 2018

PARTICIPANT INFORMATION

Name _____ Date of Birth _____
DD / MM / YY

Address _____

City _____ Postal Code _____

Phone (H) _____ (C) _____ email _____

Do you wish to receive information via email? YES NO Can you swim? YES NO

EMERGENCY CONTACT

Name	Relation	Phone #
1. _____		
2. _____		
3. _____		

Rowing Experience? YES NO Level _____ PCO Card? YES NO

Relevant medical information (i.e. allergies, injuries, physical limitations or personal limitations that may limit your rowing) _____

RELEASE, WAIVER and ASSUMPTION of RISK

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

- I have the ability to swim
- I agree to comply with the Rules and Regulations, Instructions and Safety Regulations concerning the Quinte Rowing Club Inc.
- I am aware that certain risks exists 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, collisions 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 the knowledge of the dangers and responsibilities involved, do accept all risks of injury or death.

Signature of Rower _____ Date _____

Signature of Parent/Guardian _____ Date _____

INFORMATION DISCLOSURE STATEMENT

I grant QRC permission to disclose my personal information to Rowing Canada Aviron (RCA) and Row Ontario (ORA) for the reasons below:

- YES NO Receiving solicitation from RCA's sponsors such as MBNA
- YES NO Receiving advertisements from RCA's sponsors about their products or services through mailings done with RCA
- YES NO Receiving solicitation from within RCA for fundraising or other commercial activities

Signature of Member, Parent/Guardian _____ Date _____

I grant QRC permission to use my picture for postings on:

- YES NO QRC website
- YES NO QRC Facebook page
- YES NO Events or promotions in local newspaper or other printed matter.

Signature of Member, Parent/Guardian _____ Date _____

How did you hear about QRC (Quinte Rowing Club)? _____

OFFICE USE ONLY				
MEMBERSHIP				
<input type="checkbox"/>	Full year membership	April 1/18 – March 31/19	\$ 550.00	30 volunteer hours
<input type="checkbox"/>	Summer membership	April 1/18 – October 31/18	\$ 400.00	20 volunteer hours (Partial payment \$250.00 due April 1/18 with posted dated cheque for July 1/18 \$ 150.00)
<input type="checkbox"/>	Winter Extension	Nov. 1/18 – March 31/19	\$ 150.00	10 volunteer hours
<input type="checkbox"/>	Heat membership	Full use of facility and rowing	\$ 300.00	
Volunteer hours completed: _____				
FOB KEY # _____		Paid \$20.00	Date _____	
BOAT STORAGE (Single \$100 – Double \$150)		Paid _____	Date _____	
PAYMENTS RECEIVED				
\$ _____	cash / cheque # _____	Date _____	By _____	
\$ _____	cash / cheque # _____	Date _____	By _____	
\$ _____	cash / cheque # _____	Date _____	By _____	