Application for QRC Membership 2025

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 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, 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 RowOntario (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 on radio

Signature of Member, Parent/Guardian _____ Date _____

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

OFFICE USE ONLY

MEMBERSHIP

☐ Full year membership	April 1/25 – March 31/26	$ 600.00
☐ Summer membership	April 1/25 – October 31/25	$ 450.00
☐ Winter Extension	Nov. 1/25 – March 31/26	$ 150.00

Volunteer hours completed:_____

FOB KEY # _____ Paid $20.00 Date _____

BOAT STORAGE (Single $100 – Double $125) Paid _____ Date _____

PAYMENTS RECEIVED (circle choice of payment)

$_____cash / e-transfer / cheque # _____ Date _____ By _____

$_____cash / e-transfer / cheque # _____ Date _____ By _____

$_____cash / e-transfer / cheque # _____ Date _____ By _____