

# Application for QRC Membership 2021

## Participant information

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ DD MM YY

Address \_\_\_\_\_

City \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ email \_\_\_\_\_

Do you wish to receive information via email ? (Y) (N) \_\_\_\_\_ Can you swim ? Y/N \_\_\_\_\_

### Emergency contact

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Rowing experience ? Y/N level \_\_\_\_\_ PCO card Y/N \_\_\_\_\_

Relevant medical information : ie 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 agents ,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 ,collusions 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 and and all risks of injury or death.

Signature of rower : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent or Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

### Information Disclosure Statements

I grant QRC permission to disclose my personal information to Rowing Canada Aviron ( RCA) and Rowontario (ORA) For the reasons listed 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 within RCA.

YES /NO Receiving solicitation from within RCA for fundraising or other commercial activities

Signature of member / Parent or 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 or Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

How did you hear about QRC ? \_\_\_\_\_

**Office use only**

**MEMBERSHIP**

- Full year membership - April 1/21 – March 31/22 \$ 550.00 -- 30 volunteer hours
- Summer membership - April 1 / 21- October 31/21 \$ 400.00--- 20 volunteer hours  
-- partial payment \$ 250.00 due April 1/21 with post dated check for July 1/21 \$150.00
- Winter Extension - 10 volunteer hours November 1/21 – March 31 /22 \$ 150.00
- Heat membership \$ 300.00 full use of facility and rowing

Volunteer hours completed \_\_\_\_\_

FOB KEY # \_\_\_\_\_ Paid \$20.00 Date \_\_\_\_\_

BOAT STORAGE Single \$ 100.00 Double \$ 125.00 Paid \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENTS RECEIVED**

\$ \_\_\_\_\_ cash / Check \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

\$ \_\_\_\_\_ cash / check \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

\$ \_\_\_\_\_ cash / check \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Signature of rower : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Parent or Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

I grant QRC permission to disclose my personal information to Rowing Canada Avon (RCA) and Row Ontario (ORA)

- 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 within RCA.
- YES / NO Receiving solicitation from within RCA for fundraising or other commercial activities

Signature of member / Parent or guardian : \_\_\_\_\_ Date : \_\_\_\_\_

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