

BROCKVILLE ROWING CLUB INC.

COMPETITIVE ROWING APPLICATION

C1 _____ C2 _____ C3 _____ (check one)
\$100/mo. \$150/mo. \$200/mo.

Name: _____ DOB(dd/mm/yy) _____ Gender: _____ Email Address: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

School: _____ Emergency Contact: _____ Emergency Phone: _____

Parent's Name: _____ Home Phone: _____ Parent's Email: _____

Brockville Rowing Club Inc. Acknowledgement of Risks

For Registrants Under 19 years of age

BY SIGNING THIS YOU ACKNOWLEDGE THAT YOU ARE AWARE OF CERTAIN RISKS

Please Read Carefully!

ACKNOWLEDGEMENT OF RISKS

I am aware and understand that rowing and training for rowing has inherent dangers, hazards, and risks (collectively called the "RISKS"). I understand that injuries resulting from such RISKS are a possible occurrence of rowing and training. The following is only a partial list of examples of these RISKS:

- ABRUPT WEATHER CHANGES
- COLLISION WITH MANMADE OR NATURAL OBJECTS OR OTHER ROWERS OR BYSTANDERS
- CONDITIONS OF WATER SURFACE AND WATER TEMPERATURE
- EQUIPMENT FAILURE
- IMPROPER USE OF EQUIPMENT
- NEGLIGENCE OF OTHER ROWERS
- OVERTURNING OR SWAMPING
- POOR SWIMMING ABILITY
- ROWING SITE HAZARDS
- SUSTAINED RIGOROUS PHYSICAL ACTIVITY
- TRAVEL TO AND FROM ROWING SITE OR RACES

I acknowledge that it is my responsibility to act in such a manner as to be responsible for my own safety and participate within my own limits.

Signature of Registrant

I, as a parent or guardian of the Registrant, acknowledge that, by my signing this document, I am, in addition to the Registrant and others, assuming the responsibility to educate and inform the Registrant of the RISKS. In addition I have read and understand the registration policies of the Brockville Rowing Club Inc.

Signature of Parent/Guardian

Date Signed

Brockville Rowing Club Inc.
P.O. Box 112, Brockville, Ontario. K6V 5T7
613-342-4849

REGISTRATION POLICIES

FEES: Registration fees cover ORA/RCA fees (liability/ accident insurance), administration, use of the facility, coaching, equipment and entry fees at non-championship regattas. Fees do not cover uniforms, travel, accommodations, or entry fees at championship regattas.

TERM: Memberships are due on the 1st day of each month. Memberships are valid for 1-month terms.

PAYMENT: Payment is to be by cheque only. In the coming months we will be able to offer e-transfer and payment by credit card.

MEDICAL INFORMATION

Doctor:

Doctor's Phone#:

OHIP#:

KNOWN ALLERGIES:

MEDICATIONS:

KNOWN/CHRONIC INJURIES/TREATMENTS/HEALTH CARE PROVIDER:

SWIM RATING: (Please rate your swimming ability by circling the appropriate level of ability)

BAD

POOR

GOOD

VERY GOOD

EXCELLENT