

Fredericton Rowing Club

Woodstock Road, 506-453-9428 (April 20th, 2008 – August 31st, 2008)

PO Box 20019

Fredericton NB. E3B 6Y8

2008 REGISTRATION FORM

INSTRUCTIONS:

1. Fill in all personal information. **Please print all information legibly!**
2. Read all conditions, including Waiver and Assumption of Risk.
3. Sign registration form where required. **Signature of Parent/Guardian is required if under 18 years of age.**
4. Return completed Registration Form with cash or cheque (payable to the Fredericton Rowing Club)
The final payment needs to be made by May 30th, 2008.

PERSONAL INFORMATION:

First Name: _____ **Last Name:** _____

Address: _____
Street City Prov. Postal Code

Phone: _____ **Email:** _____
Home Work

Sex: M F **Birthdate:** ____/____/____
mm dd yy **Medicare Card #:** _____
(please indicate coverage if not NB)

Language Preference: English French **RCA Number:** _____

PROGRAM APPLYING FOR: (please check only one)

Learn to Row **Recreational** **Intermediate** **Open**
\$200.00 \$260.00 \$380.00 \$500.00

All fees include Rowing Canada Aviron membership and liability insurance.

All fees include 20 % equipment maintenance surcharge.

No refunds will be given.

PREVIOUS ROWING EXPERIENCE:

No Yes Years: _____

Clubs and programs: _____

Sweeping Experience: _____

Sculling Experience: _____

Coaching Experience/Certification: _____

Small Craft Operator's License/Experience: _____

WAIVER AND ASSUMPTION OF RISK

Must be signed by Parent/ Guardian if under 18 years of age.

I, the undersigned, understand and hereby acknowledge and agree that participation in rowing/sculling involves certain risks and dangers, which include, but are not limited to, cold weather and water. I recognize the strenuous nature of the sport of rowing and hereby claim to be free of any physical or mental limitations that may in any way increase the likelihood of injury or danger to myself or others. **I have read and agree to abide by the Fredericton Rowing Club's Safety and Code of Conduct Rules and Regulations.**

In consideration of my request to engage in rowing/sculling activity, accompanied or unaccompanied (meaning with or without safety boat), using "Club" or private equipment, I agree not to hold the Club, its Directors, Officers or Agents (including Coaches) liable for personal injury, death and/or property loss.

I further agree and acknowledge:

- I can swim;
- I have read the Rower's Handbook including all Safety Information and the Club Code of Conduct;
- I am familiar with and understand the dangers associated with cold weather and water, specifically hypothermia and how to deal therewith should an accident occur;
- I agree to immediately notify a Club Official of all Safety and Club Conduct incidents within my knowledge regarding any obstruction or situations in or on the water and surrounding banks;
- I hereby release and forever discharge the Club, its Directors, Officers, Agents (including coaches) from any injury, death, loss or damage to my person or property howsoever caused arising out of or in connection with my rowing/sculling activity, on water or land, notwithstanding that such injury, death, loss or damage to property may have been contributed or occasioned by negligence of Club Directors, Officers, or Agents (including Coaches) upon behalf of myself, heirs, Executors, Administrators and Assigns.

Rower's Name: _____
(Please print)

Signature: _____ Date: _____

Signature: _____ Name: _____
Parent/Guardian (if rower under 18) (Please print)

Witness: _____

I authorize RCA, Rowing New Brunswick, and Fredericton Rowing Club to collect and use personal information about me/my child for the reasons listed below.

- Receiving solicitations from RCA sponsors such as MBNA;
- Receiving solicitations from within RCA for other commercial activities;
- Posting rosters, statistics, images and results on Fredericton Rowing Club, New Brunswick Rowing, and/or RCA's website.

Yes No

MEDICAL INFORMATION

This information will travel with you to all regattas. Please print neatly and fill in all blanks.

Name: _____

Date of Birth: _____

Medicare #: _____

Family Doctor: _____ Phone: _____

Allergies: No Yes

Details: _____

Medical conditions/medications the coaching staff should be aware of:

Emergency Contacts:

Name: _____ Name: _____

Phone: _____ Phone: _____

Signature: _____

Parent/Guardian if under 18 years of age