## FALL COMPETIVE ROWING REGISTRATION FORM

## **PROGRAM DESCRIPTION AND COST**

REGISTRATION POLICIES: All fees are due up front. No one will handed in to our Registrar. All Regattathe Athlete	a Fee are not included in Registration	· · ·		
Program Name and Session to be	registered into			
ATHLETE INFORMATION				
Name:		Male □ Female □		
Date of birth (m/d/yr):	Home Phone:	Cell Phone:		
Address:				
City:	Province:	Postal Code:		
E-mail:				
	EMERGENCY CONTACT			
Name of a relative:				
Address:		Phone:		
City:	Province:	Postal Code:		
Relationship:				
	MEDICAL INFORMATION			
Health Condition or Allergy:				
PARE	NT INFORMATION (IF UNDER 18	3)		
Name of Parent:				
Address (if different from above):				
City:	Province:	Postal Code:		
Email (*REQUIRED*):		Phone:		
MEMBERSHIP REQUIREMENTS				
<ol> <li>I have read the Rowing Club Code agree to abide by this code at all time</li> <li>I understand that personal information members and coaches, other association requirements.</li> </ol>	s. ation may be released by the Notre D	ame Rowing Club to its		
Athlete's Name:				
Signature:		Date:		
WAI	VER AND RELEASE OF LIABILITY			

Notre Dame Rowing Club Box 272, Welland, ON, L3B 5P4

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In consideration of being allowed to participate in the Rowing Club's program and related events and competitions, I acknowledge and agree that:

- 1. By virtue of my participation, I risk bodily injury, including paralysis, dismemberment, drowning and death. I knowingly and freely assume all such risk.
- 2. I release, hold harmless and promise not to sue the Rowing Club, its officers, coaches, agents, employees, or sponsor, as well as the organizer and sponsor of any competition with respect to any and all such injury, paralysis, dismemberment, drowning, death or loss, except that injury or loss which results from negligence or willful or wanton misconduct as may be proven in a court of law having jurisdiction of one of those individuals or organizations.
- 4. I hereby allow the Rowing Club to use photos of myself/my crew on their website and print media for the sole purpose of promoting the club and the sport of rowing.
- 5. My signature below indicates my understanding of all requirements for me to train and row in the programs offered by the Rowing Club.

programs offered by	the Rowing Club.			
Athlete's Name:				
Signature:			Date:	
PARENTA	L CONSENT (REQUIRED F	OR ALL ATHLETES UN	DER THE AGE OF 18)	
Name of Parent or G	uardian:			
Signature:			Date:	
	DIS	SCLAIMER		
endorse or recomme		eatments, services or di	taff and volunteers, does not agnosis, whether specifically o to all health and treatment	r
	PAYMEN	T AND REFUNDS		
will be granted only returned, less admin	within the first two weeks of the istration fee of \$25 and less the will be granted. Requests the state of the interest of the	the start of a program. The Rowontario and RCA		
	Etransfer	Credit Card		
Payments	Admin@ndrowing.com	Card number Expiry Date CVV		