

Print First Name: \_\_\_\_\_

Print Last Name: \_\_\_\_\_

### Kamloops Rowing Club 2023 Registration

Please provide the Kamloops Rowing Club with all information requested below so that we can ensure, to the best of our ability, your health and safety while participating in the sport of rowing. There will be no tracking of vaccination status this season. Your personal information being collected on this form will be handled in a secure manner during your time with us. All such documents are shredded annually.

<b>Learn to Row Program</b>  <input type="checkbox"/> Learn to Row \$396.25*  *\$100 deposit to be paid to reserve your program seat. It will be applied to your program fees.	<b>Recreational Rowing Program</b>  <input type="checkbox"/> Full Season \$726.25* <input type="checkbox"/> 10-Punch Card \$306.25 <input type="checkbox"/> 15-Punch Card \$364.25 <input type="checkbox"/> Drop-In \$156.25 <input type="checkbox"/> Refresher \$221.25  *1 <sup>st</sup> payment 4/21/23: \$426.25 *2 <sup>nd</sup> payment 6/30/23: \$300	Mailing Address (include City/Postal Code)
Phone #: <input type="checkbox"/> Home  <input type="checkbox"/> Mobile		Email:
Birthdate: DD/MM/YYYY		BC Personal Health Number (PHN)
<p>If under 19 years of age, you are considered a minor. Please provide the information (below) and your parent must sign the KRC "Minor Rowing" (aka Rule of Two) document provided.</p> <p>Parent/Guardian Name: First _____ Last _____</p> <p>Parent/Guardian Email address: _____</p> <p>Parent/Guardian Phone: Work _____ Mobile _____</p> <p>Your parent/guardian must complete the statement below and sign.</p> <p>I, _____ (print name), give permission for my son/daughter to have emergency medical attention as required.</p> <p>Parent Signature: _____</p>		
Emergency Contact Person Name:		Emergency Contact Phone #
<p>✓ Any medical conditions or physical limitations you have that may affect your ability to carry your share of the weight of a boat on your shoulders, walk 100 M to the dock / boathouse and/or row and perform aerobic activity.</p> <p><input type="checkbox"/> Back   <input type="checkbox"/> Neck   <input type="checkbox"/> Shoulder   <input type="checkbox"/> Hand strength   <input type="checkbox"/> Asthma   <input type="checkbox"/> Diabetes   <input type="checkbox"/> Blood pressure <input type="checkbox"/> Cardiac problems <input type="checkbox"/> Other (please specify) _____</p>		

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**Continued... Medical/Physical Limitations Information**

- Please provide us with any information, on the previously ✓ items , that will help us make your rowing experience a more positive one.
- List any medications you take that you may require while rowing and its location in your personal items.

**Kamloops Rowing Club Learn to Row Refund Policy:**

1. Cancellation 10 full days ( weekends not included) or more from lesson start date:  
**\$275 - \$96.25 (\$50 administration fee & \$46.25 paid to Rowing BC/RCA) = \$178.75 refund**
2. Cancellation less than 10 full days (weekends not included) from lesson start date:  
**No refund.**
3. In case of illness or family emergency: **Lesson cost is transferable to another lesson date for that season.**

**Membership Fees**

Membership is valid for the current season only. There are no refunds for membership fees paid. **Please initial as read** \_\_\_\_\_