

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

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

### Kamloops Rowing Club 2021 Registration

Please provide the Kamloops Rowing Club with all of the 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. Your personal information will be handled in a secure manner during your time with us. All such documents are shredded annually.

<b>Program Registration</b> <input type="checkbox"/> Learn to Row \$225 <input type="checkbox"/> 10-Punch Card \$219 <input type="checkbox"/> 15-Punch Card \$276.50	<b>Membership</b> Full season <input type="checkbox"/> \$654	<b>Mailing Address ( include City/Postal Code)</b>
Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Mobile		Email:
Birthdate: DD/MM/YY		BC Personal Health Number (PHN)
<p>If under 19 years of age, you must provide the following information:</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><input checked="" type="checkbox"/> 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 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> <p>Please provide us with any information that you feel will help us make your rowing experience a more positive one, considering your physical limitations (you may use the bottom/back of this form).</p>		
List any medications you take that you may require while rowing.		

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**Please mail, this completed form and applicable fees (payable to Kamloops Rowing Club) to the address below. This form and fees must be received 48 hours prior to your first row at Shumway Lake.**

**Kamloops Rowing Club  
P.O. Box 1353 Station Main  
Kamloops, BC  
V2C 6L7**

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

1. Cancellation 10 full days (weekends not included) or more from lesson start date:  
\$225 - \$69 (**\$30 administration fee & \$39 paid to Rowing BC/RCA**) = **\$156 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** \_\_\_\_\_

As part of the British Columbia **Personal Information Protection Act [SBC 2003] CHAPTER 63:**

"I grant the KRC permission to disclose my personal information to Rowing Canada Aviron (RCA) and the Provincial Association (Rowing BC) for the reasons listed below. Such permission is indicated by a check mark (✓) in the spaces 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 KRC and/or Rowing BC's website.

**Your Signature is required here to give permission**

\_\_\_\_\_

(If you do not sign, you will not receive any of the above)

***Kamloops Rowing Club*** wishes to acknowledge financial support from the  
**Province of British Columbia** and the **Kamloops Sport Legacy Grant**