

# APPLICATION for ROWING PROGRAMS

## QUINTE ROWING CLUB INC.

### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Date of Birth: <sup>D</sup> \_\_\_ / <sup>M</sup> \_\_\_ / <sup>YR</sup> \_\_\_  
Street \_\_\_\_\_ R.R.# \_\_\_ City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone \_\_\_\_\_ School \_\_\_\_\_ Health Card No. \_\_\_\_\_  
E-Mail \_\_\_\_\_

#### Emergency Contacts:

	Name	Relation	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Rowing Experience: Yes/No \_\_\_\_\_ Swimming Experience: Yes/No \_\_\_\_\_

Relevant Medical Information: (Briefly state any allergies, injuries, medications, physical limitations or personal conditions which may influence your ability to perform in some rowing activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROGRAM:

Please indicate one of the following:

LEARN to ROW: YOUTH   
HIGH SCHOOL   
ADULT

ROWING LEAGUE / MASTERS   
HIGH SCHOOL COMPETITIVE   
SUMMER CLUB COMPETITIVE   
FALL HEAD RACES

### RELEASE, WAIVER AND ASSUMPTION OF RISK

I, \_\_\_\_\_ acknowledge and agree that in consideration of being permitted to participate in the activities of the Quinte Rowing Club Inc. to release the Quinte Rowing Club Inc., the City of Belleville, its agents, servants and employees from any claims of any kind, and represent that:

- 1) I certify that I have the ability to swim;
- 2) I agree to comply with the rules, regulations, instructions, and safety regulations concerning the Quinte Rowing Club Inc.;
- 3) I am aware that certain risks exist in the performance, activities and programs of the Quinte Rowing Club Inc.. Among other things, these risks include adverse weather, exposure to the elements, capsizing, collision with other vessels and drowning. Such risks as well as unexpected and unforeseen events or conditions could lead to physical injury or death. I voluntarily participate in these programs and utilize various Quinte Rowing Club Inc. facilities and equipment and recognize that risks also exist associated with travel, competitions such as, rowing and ergometer regattas and with knowledge of the dangers and responsibilities involved, do accept any and all risk of injury or death.

### INFORMATION DISCLOSURE STATEMENT

I grant the Club permission to disclose my personal information to ROWING CANADA AVIRON (RCA) and ROWONTARIO (ORA) for the reasons listed below. Such permission is indicated by a mark in the check box.

- Receiving solicitation from RCA's sponsors such as MBNA;  
 Receiving advertisements from RCA's sponsors about their products or services through mailings done within RCA;  
 Receiving solicitation from within RCA for fundraising or other commercial activities.

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of Rower: \_\_\_\_\_

Signature of Parent of Guardian: \_\_\_\_\_

Singlet Deposit (\$20.00)      Paid Yes/No Date \_\_\_/\_\_\_/\_\_\_      Refunded: Date \_\_\_/\_\_\_/\_\_\_      Initials \_\_\_\_\_

Program Cost \_\_\_\_\_

Bingo Sign-Up    Amount Paid    \$ \_\_\_\_\_    Date \_\_\_/\_\_\_/\_\_\_    \$ \_\_\_\_\_    Date \_\_\_/\_\_\_/\_\_\_    \$ \_\_\_\_\_    Date \_\_\_/\_\_\_/\_\_\_