



Carleton Place Canoe Club  
 P.O. Box 155  
 Carleton Place, Ontario  
 K7C 3P3

**Summer 2008  
 Registration Form  
 Adult Dragon Boat**

|   |  |
|---|--|
| Name:   |  |
| Street/Rural Address  |  |
| Municipality  | Postal Code:   |
| Home phone #:   | Work phone #:  |
| Email address:  |  |
| Alternate email:  |  |
| Health Card Number:   | Health concerns/allergies <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe briefly any medical concerns in case of emergency treatment: |  |
|   |  |
| Name to contact in case of emergency:                                 | Phone #:   |

**Volunteer Commitment:**

The 2008 Adult Dragon Boat membership carries a **MANDATORY** volunteer commitment of 5 hours. In the event that my volunteer commitment is not met, I am aware that my cheque will be cashed.

**Participant's Release:**

In acceptance of this application, I intend to be legally bound and do hereby for myself, my heirs and assignees, waive, release and forever discharge any or all rights and claims for damages, which may hereafter occur to me, against the Carleton Place Canoe Club, the Canadian Canoe Association and any Division or affiliated Canoe Club and any coach or officer of any such organization in connection with paddling, weight training, swimming, fitness or other programs, or which may arise out of any training program or activity, traveling competitive event or related activities.

I understand that participation in sports activities creates an inherent high degree of risk of injury. I hereby agree to assume and be responsible for all risks and hazards incidental to such participation.

If I should sustain any injury while participating in this program, I/we hereby give permission for me to receive emergency health care, including transportation to the nearest emergency health care unit, as may be deemed appropriate by the coaches or supervisors of the Carleton Place Canoe Club or any medical health care provider. I agree to responsible for all costs which may arise from such emergency treatment.

It is understood that the applicant's signature below indicates that I can swim adequately, and that the Carleton Place Canoe Club will not be liable for property loss or any injury arising from participation in any program, or use of any equipment of the Carleton Place Canoe Club.

I the undersigned hereby agree to abide by all of the rules of the Carleton Place Canoe Club.

|                       |       |
|-----------------------|-------|
| Applicant's Signature | Date: |
|-----------------------|-------|

**Remainder to be filled in by Registrar:**

|   |                   |
|---|-------------------|
| Outstanding 2007 fees                                   | \$                |
| Total 2008 membership charges                           | \$                |
| <b>Total Fees Due</b>                                   | <b>\$</b>         |
| 50% of fees due @ registration                          | Total received \$ |
| Post-dated amount June 1st, 2008                        | \$                |
| \$25.00 Volunteer cheque post-dated for September 30/08 | Cheque #          |