



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

**Youth
 Learn to Paddle 2008
 Registration Form
 Program cost \$40.00**

1 st Participant		2 nd Participant		3 rd Participant	
Name:		Name:		Name:	
Birthdate:		Birthdate:		Birthdate:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Health Card #		Health Card #		Health Card #	
Health Issues: <input type="checkbox"/> Y <input type="checkbox"/> N		Health Issues: <input type="checkbox"/> Y <input type="checkbox"/> N		Health Issues: <input type="checkbox"/> Y <input type="checkbox"/> N	
Please summarize any special medical conditions/allergies and/or medication taken on the next form.					
Street/Rural Address					
Municipality				Postal Code:	

Father's Name:		
Phone numbers	(h)	(w)
(cell)		
Email address:		

Mother's Name:		
Phone numbers	(h)	(w)
(cell)		
Email address:		

Alternate emergency contact (name):	
Phone number:	Relationship to child(ren)

Participant's Release:

In acceptance of this application, I/we intend to be legally bound and do hereby for myself/ourselves, my/our heirs and assignees, waive, release and forever discharge any or all rights and claims for damages, which may hereafter occur to me/us, 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/we understand that participation in sports activities creates an inherent high degree of risk of injury. I/we hereby agree to assume and be responsible for all risks and hazards incidental to such participation.

If my/our child should sustain any injury while participating in this program, I hereby give permission for my child 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/we agree to responsible for all costs, which may arise from such emergency treatment.

It is understood that the parents' signature below indicates that the child 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/we the undersigned hereby agree to abide by all of the rules of the Carleton Place Canoe Club.

Parent/Guardian's Signature	
Participant's Signature	

Health Concerns:

Please list any medical or health conditions pertaining to each child or participant listed on this application and list any special medications needed that coaches and/or club officials need to be aware of for the safe participation of each individual.

Please note: Learn to Paddle fees may be applied to summer program fees

Remainder to be filled in by Registrar:

Outstanding 2007 fees due	\$
Total spring/summer 2008 membership charges	\$
Total Fees Due	\$
Total received	\$

Please let us know how you heard about The Carleton Place Canoe Club and our registrations dates:

- The Carleton Place Canadian
- Our website
- The EMC/Record News
- Make a Splash Brochure 2008
- Radio
- Friend
- A presentation at your child's school