**Saskatoon Racing Canoe Club** **Summer Registration Form**

Athlete Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swimming Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provincial Health Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Address (if different than above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learn-to \_\_\_ week \_\_\_\_\_ Summer Camp \_\_\_ week\_\_\_\_\_\_\_

Alumni Paddler\_\_\_\_ Master Paddler \_\_\_\_

Novice (2x/wk) \_\_\_\_\_ Learn to Race (3x/wk) \_\_\_\_\_

Competitive (6x/wk) \_\_\_\_ High Performance (by invitation only) \_\_\_\_\_

**Medical Fitness and Treatment**I am fully aware of the nature of the SRCC Programs in which I may participate, and I am of the informed opinion that I am qualified, in good health, and in proper physical condition to participate in such Programs. I further agree and warrant that if at any time I believe that my health and physical condition have changed such that it would be unsafe for me to continue to participate in the Programs, I will immediately discontinue my participation. I hereby give my consent to have any coach, assistant coach, trainer or other SRCC official act as my surrogate in securing ambulance service and to have an athletic trainer and/or doctor of medicine or dentistry provide me with medical assistance and/or treatment under whatever conditions are necessary to preserve my life, limb or well-being. Such consent shall not, however, establish a fiduciary relationship, nor be considered a power of attorney or health care proxy. I further agree to be responsible financially for the cost of each assistance and/or treatment rendered. I understand and agree to the Medical Fitness and Treatment clause:

**I acknowledge that I have read and understand this agreement, and that I am agreeing to abide by its terms.**

**Part 1: I am 18 years of age (or older). I have read and understand this document prior to signing.**

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 2 Being parent (or legal guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I agree that the Participant’s Agreement & Acknowledgement of Risk shall be binding upon my child.**

**Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**