Kennebecasis Rowing Club
Waiver

The following must be read carefully and signed by the athlete, and signed by Parent or Guardian if athlete is not 18 years old or older.

Athlete Code of Conduct

1. Safety is of the utmost importance. As such, all federal, provincial, and municipal laws, club policies and regulations will be respected and complied with at all times.
2. Athletes will conduct themselves in the spirit of good sportsmanship, defined as respect for one's opponents and fellow athletes, and graciousness in racing, training, winning or losing.
3. Athletes will respect the club premises, property, equipment, officers, coaches and administrators.
4. Athletes will assist in the upkeep and maintenance of the equipment and handle and use with care to prolong its lifespan. Damage to equipment may result in repairs at the athlete's expense.
5. Athletes are ambassadors of the Kennebecasis Rowing Club both at home and when traveling for competition. As such, athletes will conduct themselves in a manner that is conducive to the good reputation and tradition of the Kennebecasis Rowing Club.

Waiver and Assumption of Risk

I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ROWING PROGRAMS I AM ENROLLED IN AT THE KENNEBECASIS ROWING AND CANOE CLUB INC. I DO NOT HOLD LIABLE ITS OFFICERS, MEMBERS, INSTRUCTORS OF SUCH COURSE, AND ANY OR ALL OF THEM FOR DAMAGE TO MY PERSON OR PROPERTY WHICH MAY ARISE AS A RESULT OF ME BEING IN SUCH COURSE. IN CASE OF INJURY OR LOSS OF PROPERTY I HEREBY WAIVE ALL CLAIMS AGAINST THE KENNEBECASIS ROWING AND CANOE CLUB INC., ITS OFFICERS, MEMBERS, AND INSTRUCTORS.

I further agree:

☐ I can swim 100 metres and tread water.

☐ I am familiar with and understand the dangers associated with cold weather and water, specifically hypothermia and how to deal therewith should an accident occur.

☐ To immediately notify a club official of all safety concerns and club incidents within my knowledge regarding any obstructions or situations in or on water or on the club premises.

☐ I recognize the strenuous nature of the sport of rowing and hereby claim to be free of any physical or mental limitations that may in any way increase the likelihood of injury or danger to myself or others.

☐ I have read and understood the club safety manual.

By signing this waiver I agree that I have *read* and *understood* the above information.

Athlete's Name _____ Date _____

Athlete's Signature _____Email: _____

Parent/Guardian's Signature _____Email: _____
For athletes under the age of 19 years.

PERMISSION: I give permission to the coaches and officers of the Kennebecasis Rowing Club to photograph and document my participation in its programs and publish this information in pamphlets, brochures, videos or on posters or websites which may include but are not limited to Rowing Canada, Rowing New Brunswick and the Kennebecasis Rowing Club. (Parent/guardian signature if athlete is under 19 years of age.)

Yes ___ No ___ Signed_____ _____ Date: _____

Kennebecasis Rowing Club
Registration

Athlete's Name _____

Email: _____

Address: _____ **High School:** *(if applicable)* _____

(If under 19 years of age) **Parent/Guardian's Name** _____

Email: _____ **Parent/Guardian's Signature:** _____

Fees (please check all that apply herein):

***Spring Competitive**	**= $150. ____**
***Spring Competitive Upgrade (from high school rowing)**	**= $ 45. ____**
Learn to Row (2 weeks)	**= $250. ____**
Learn to Row (additional weeks each)	**= $130. ____**
Masters Rec / Open Row	**= $250. ____**
Youth Rec *(8 weeks)*	**= $375. ____**
Masters/University Competitive *(due June 15)*	**= $410. ____**
Competitive A *(due June 15)	**= $510. ____**
<u>Mandatory</u> Row Canada Aviron/ Row NB Aviron Fee (one time only)	**= $25.**
TOTAL $$ _____	

Note RCA/RNBA fees are NON REFUNDABLE.

For programs start dates, please see Club Registrar. Programs require a minimum of 3 participants. *Competitive athletes must be approved by Director of Programs. Open Row is for experienced rowers only & must be approved by Director of Programs.

Medical and Emergency Contact Information

First Name _____ Last Name_____

Birth Date (MM/DD/YY) _____/_____/_____ Sex _____

Medicare Number: _____ Medical Conditions or Concerns? Yes____ No____

Details: _____

Emergency Contact: _____ Relation _____

Home Phone _____ Cell _____ Work _____

All forms are to be completed and submitted with fee to your coach or club captain.

<u>Athletes who have *not* submitted a waiver and fee in full are *not* permitted to participate in any on-water training until these requirements are met.</u>

Please make all cheques payable to Kennebecasis Rowing Club or KRC

---------- For Office Use Only (Do Not Fill In) ----------

Date Received _____ RCA Registration _____ Registered By _____

Program Fee _____ Date Paid _____