

Registration 2023-24

LASALLE ROWING CLUB

1 Laurier Drive
LaSalle, ON N3J 3L4



A COMPLETED AND SIGNED FORM IS REQUIRED FROM EACH PARTICIPANT BEFORE THE START OF ANY PROGRAM

Registration & Concussion Code of Conduct must be received, processed & RCA/RON insurance activated before any activity in the Club

Participant Information – Please print clearly

Name:		Admin: RCA#	
Phone #:	Email:		
Address:	City:	Postal Code:	
Birthdate(D/M/Y):		<input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Prefer not to disclose

Participants Under 18 Emergency and contact information

Primary Parent Name:		Phone #:
Email:		
Alternate Parent Name:		Phone #:
Email:		

Adult Members Emergency Contact Information:

Name:	Relation:	Phone #:
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Please list **medical issues**:

Courses Completed & Current: First Aid CPR AED Pleasure Craft Operator Card

Swimming Ability: Non-swimmer/Weak Recreational/Intermediate Strong

Unless otherwise specified, I give permission to the LaSalle Rowing Club to; **NO**

Send me (if under 18, and/or my parents) information via email about the Club's activities, events and programs & Publish participants name/photo in newsletters, website and media, etc. to promote activities of the Club

Program, Payment Method and Fees 04/01/23 – 03/31/24:

Membership Type	Fee	Select
Learn-To-Row (required if you're new to rowing)	\$230	
Adult / Para / Junior after LTR during the same year	\$245	
Adult	\$450	
Para	\$450	
Junior (13-17yrs)	\$450	
Family Discount*	-10%	
RCA Registration Submitted: RCA #	Admin Only: RCA Insurance Activated:	
Payment Method: E-Transfer (preferred) to lasallerowingclub1@gmail.com reference member type in message area		
<input type="checkbox"/> Cash Cheque #	Payment Amount:	

Signature – ALL Participants and Parents of Juniors

Participant's Signature:	Date:
If participant is under 18 Primary Parent Signature:	Date:

*Family discounts apply to members of the same family household (spouse, child, or sibling). The family discount does not apply to Learn to Row. The discount terms are that the first family member pays their **full fee**; each additional membership is discounted by 10%



Concussion Code of Conduct - Athlete and Participant

In recognition of the potential seriousness of a concussion, I, _____, commit to following the concussion protocols and expectations highlighted below.

I will help prevent concussions by:

- Respecting the rules of my sport.
- Being committed to fair play and respect for all, including other athletes, coaches, and umpires.

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short and long-term effects.
- A blow to my head, face or neck, or body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including if I think I might have a concussion I should stop participating in further training, practice or competition immediately and tell a coach; as well as reporting to my coach if I think another participant has a concussion.
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, umpire, parent or another adult I trust if I experience any symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, umpire, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with my school and any other sport organization where I am registered.

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to following the return-to-sport process.
- I will respect my coaches, parents, health-care professionals, and medical doctors/nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete/Participant: _____

Parent/Guardian (of athletes who are under 18 years of age): _____

Date: _____