

# Indoor Training 11/22-03/23



## Registration 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**

### Personal Information all participants – Please print clearly

Name:		Admin: RCA#	
Phone # :( )	Email:		
Address:	City:	Postal Code:	
Birthdate (Day/Month/Year):			

Are there any HEALTH concerns of which the Club should be aware:  Yes  No

If YES, please describe:

#### Courses Completed:

First Aid Date: \_\_\_\_\_  CPR Date: \_\_\_\_\_  AED Date: \_\_\_\_\_  Pleasure Craft Operator Card

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

#### I give permission to the LaSalle Rowing Club to:

- Send me information via email about the Club's activities, events and programs  
 Publish registrant's name/photo in newsletters, LRC website and media, etc. to promote activities of the Club

### Emergency Contact Information for adult members:

Name:	Relation:	Phone #:
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### Emergency and communication contact information for participants Under 18 only

Parent Name:	Phone #:
Email:	

### Program, Payment Method and Fees

Program	Fee	Select
Indoor Training November 26,2022 - March 31,2023	\$170	<input type="checkbox"/>
RCA Registration Submitted: <input type="checkbox"/> RCA #	Admin Only: RCA Insurance Activated: <input type="checkbox"/>	
<b>Payment Method:</b> <input type="checkbox"/> E-Transfer to <a href="mailto:lasallerowingclub1@gmail.com">lasallerowingclub1@gmail.com</a>		
reference member type in message area		<b>Payment Amount:</b>

### Signature

Participant's Signature:	Date:
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Participants under 18 only	Parent Name:	Date:
	Parent Signature:	