

Registration 2024-2025

LASALLE ROWING CLUB

1 Laurier Drive
LaSalle, ON N3J 3L4
lasallerowing.ca



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

Registration, Concussion Code of Conduct & Image Consent must be received, processed and Rowing Canada Aviron/Row Ontario insurance activated before any activity in the Club

Participant Information – this is a fillable document

Name:		Admin: RCA#	
Phone #:	Email:		
Address:		City:	Postal Code:
Birthdate (DD/MM/YYYY)			

Participants Under 18 Emergency and Contact information

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

Adult Members Emergency Contact Information:

Name:	Phone #:
-------	----------

Please list **medical issues**:

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

Ability to Swim 50 metres is recommended: Non-swimmer/Weak Recreational/Intermediate Strong

Program, Payment Method and Fees 04/01/24 – 03/31/25:

Program	Fee	Select
Learn-To-ROW (no experience)	\$230	<input type="checkbox"/>
Adult / Para / Junior after LTR during the same year	\$290	<input type="checkbox"/>
Adult Masters Recreational & Competitive (experienced)	\$495	<input type="checkbox"/>
Adult Para Rowing	\$495	<input type="checkbox"/>
Junior (13-17yrs)	\$495	<input type="checkbox"/>
Family Discount*	-10%	<input type="checkbox"/>
RCA Registration Submitted: <input type="checkbox"/> RCA #	Admin Only RCA Insurance Activated:	
E-Transfer payment to lasallerowingclub1@gmail.com reference program in message area	Payment Amount: \$	

Signature – ALL Participants AND Parents of Participants under 18

Participant's Signature:	Date:
Primary Parent Signature for Participants under 18:	Date:

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

Image Consent

1. I hereby grant the LaSalle Rowing Club, RCA and RowOn (the "Organizations"), permission to photograph and/or record the Participant's image and/or voice on video, audio and digital format (the "Images"), and to use the Images to promote the sport and/or the Organizations through traditional media such as newsletters, websites, television, film, radio, print and/or display form, and through social media such as Instagram, Facebook, YouTube, and Twitter.
2. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes. This consent will remain in effect in perpetuity; however, consent may be withdrawn by the Participant by the Participant notifying LaSalle Rowing Club of such withdrawal in writing.
3. I hereby fully release, discharge, and agree to save harmless the Organizations, for any and all claims, demands, actions, damages, losses or costs that might arise out of the collection, use or disclosure of the Images or taking, publication, distortion of the Images, negatives, and masters or any other likeness or representation of the Participant that may occur or be produced in the taking of said Images or in any subsequent processing thereof, including without limitation any claims for libel, passing off, misappropriation of personality or invasion of privacy.

I UNDERSTAND AND AGREE, that I have read and understood the terms and conditions of this document. On behalf of me, my heirs and assigns, I agree that I am signing this document voluntarily and to abide by such terms and conditions.

Athlete Signature:

Parent/Guardian (participants under 18):

Date:

Concussion Code of Conduct – Athlete and Participant

In recognition of the potential seriousness of a concussion, _____, 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 (participants under 18):

Date: