

Registration and Consent 2025/26

LASALLE ROWING CLUB

1 Laurier Drive LaSalle, ON N3J 3L4

lasallerowing.ca



This document is two (2) pages. Please review in full and sign on page two.
Fill in this form digitally (typed), print and submit it to the club before your first row.

Participant Information

Name:	RCA#
Phone #:	Email:

Minor & Vulnerable Participant Emergency and Contact information

Primary Parent/Guardian Name:	Phone #:
Email:	

Adult Members Emergency Contact Information:

Name:	Phone #:
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The Ability to Swim 50 metres is recommended: <input type="checkbox"/> None/Weak <input type="checkbox"/> Intermediate <input type="checkbox"/> Strong
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Program, Payment and Fees – Annual Membership 04/01/25 - 03/31/26:

Program	Fee	Select
Learn-To-Row (no rowing experience)	\$235	<input type="checkbox"/>
Adult /Junior annual membership after LTR	\$295	<input type="checkbox"/>
Adult Recreational/Competitive annual membership P <input type="checkbox"/>	\$510	<input type="checkbox"/>
U23 local student annual membership	\$510	<input type="checkbox"/>
Junior (13 - 17 YRS) annual membership	\$510	<input type="checkbox"/>
U23 away student annual membership	\$400	<input type="checkbox"/>
Adult Para Rowing annual membership	\$255	<input type="checkbox"/>
Family Discount*	-10%	<input type="checkbox"/>
E-Transfer payment to lasallerowingclub1@gmail.com reference program & names in the message area	Payment Amount: \$	

*10% family discount applies to each additional full membership after the first, including the upgrade from LTR to a full membership

PRIVACY

LaSalle Rowing Club is obligated to follow and abide by the Personal Information Protection and Electronic Documents Act in all matters involving the collection, use, and disclosure of Personal Information

MEDICAL CONDITIONS

Members must inform Coaches, Safety Boat Drivers and other crew/relevant Club members of any medical condition that may present a risk to themselves and/or their crew.

IMAGE CONSENT

I hereby grant to LaSalle Rowing Club (LRC) the permission to use the Participant’s Image to promote the LRC through various media. I am not entitled to any compensation or royalties for the use of my Image. This consent will remain in effect in perpetuity; however, consent may be withdrawn by notifying LRC of such withdrawal in writing.

I understand this consent is voluntary and I am free to refuse to participate in the Image capture. The Image will not be used in a way that is defamatory, or that could cause harm. I **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.

CONCUSSION CODE OF CONDUCT – Participant and Guardian

In recognition of the potential seriousness of a concussion I, the participant, commit to the following protocols and expectations as listed below:

I will help prevent concussions by:

- Respecting the rules of the 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 self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion. **(Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition immediately, or tell an adult if I think another athlete 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. **(Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)*

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

- I understand my commitment to supporting the return-to-sport process. **(I will have to follow my sport organization’s Return-to-Sport Protocol.)*
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, umpires, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety

By signing below, I and/or my Parent/Guardian agree to the terms in the Image Consent and Concussion Code of Conduct. If I choose not to sign to the terms I will be refused membership.

Participant’s Signature:	Date:
Primary Parent/Guardian Signature for Minors & Vulnerable Participants:	Date: