



Orenda Canoe Club  
 3170 Highway No. 7 Lake Echo, NS B3E 1B2  
 829-3433

<http://www.orendacanoecub.com/>

## Registration Form Fall 2011

**ALL SECTIONS OF THE FORM MUST BE COMPLETED AND PAYMENT RECEIVED BEFORE PADDLER CAN BEGIN PROGRAM**

**PARENT CONTACT INFORMATION (Please print clearly)**

|   |                                    |   |
|---|------------------------------------|---|
| Parent's Last Name  | Parent's First name                | Paddlers' Membership status<br>New      Returning      Transfer           |
| Address   |                                    | If transferring indicate club: _____                                      |
| Postal Code   |                                    | Emergency Name and Contact for Paddler<br>(Other than parent if possible) |
| Home Telephone  | Work phone _____<br>Employer _____ |   |
| Email address (best contact for parents)  |                                    |   |
| <b>Orenda relies on assistance from volunteers. Please indicate the areas in which you would like to help:</b>  |                                    |   |
| Recruiting Sponsorship <input type="checkbox"/> Bottle Drive <input type="checkbox"/> Brunch <input type="checkbox"/> Facility maintenance <input type="checkbox"/> Fixing boats <input type="checkbox"/> Help or become an official at regattas <input type="checkbox"/><br><b>Contact me on a event by event basis</b> <input type="checkbox"/> |                                    |   |

**Fees shown are for Sept,Oct,Nov! Beginning Sept 15th**

|  |                                  |                                    |  |
|--|----------------------------------|------------------------------------|--|
| Times<br>Mon.-Thurs 4:30 - 7:00 pm<br>Sat. 9:00 – 11:00 am<br>Sun. TBA | <b>Full time</b><br><br>\$350.00 | <b>3 Days/Week</b><br><br>\$275.00 |  |
|--|----------------------------------|------------------------------------|--|

**PADDLER INFORMATION (Please print clearly)**

|              |                     |     |   |
|--------------|---------------------|-----|---|
| 1. Last Name | First Name& Initial | M/F | Date of Birth (DD/MM/Y) ___/___/___<br><small>(Photocopy of proof of Birth required if new or transferring)</small> |
| 2. Last Name | First Name& Initial | M/F | Date of Birth (DD/MM/Y) ___/___/___<br><small>(Photocopy of proof of Birth required if new or transferring)</small> |
| 3. Last Name | First Name& Initial | M/F | Date of Birth (DD/MM/Y) ___/___/___<br><small>(Photocopy of proof of Birth required if new or transferring)</small> |

|   |  |  |
|---|--|--|
| Program fees per above schedule:                                      |  |  |
| TOTAL   |  | _____  |
| <b>Payment of full registration fee is required registration time</b> | <b>Payment Terms</b><br><b>Method of payment</b><br>Full amount now, cheque or money order payable to Orenda Canoe Club.<br><br>By 3 Installments:<br>Post dated cheque provided to registrar now, dated Sept1, Oct 1, Nov 1 | <b>For office use only</b><br><b>Processed By:</b> _____<br><br><b>Date</b> ___/___/2011 |

### Important Information

- Registration includes full payment per payment terms, this form, athlete medical information sheet, photocopied birth certificate (if new to the sport). If there are any questions contact Katheleen Dalley 829-3215 or Email [dalley@ns.sympatico.ca](mailto:dalley@ns.sympatico.ca)
- NSF cheques will be subject to a \$35.00 re-instatement fee
- Parents are encouraged to participate and are welcome to be on site during the paddling programs. Paddlers under the age of 12 years are not to be left unsupervised before and after the program hours.
- A Medical Form must be completed for each athlete. **(Separate Form)**
- The Club will be closed on Labour Day and Remembrance Day.
- Post dated cheques are acceptable as per the payment terms on the form.
- Fees are non- refundable except for medical reasons (with medical certificate),
- Check you e-mail messages regularly for announcements.
- Completed registration form can be deposited in the registration box at the facility, or alternatively mailed to: Orenda Racing Club Registrar, Katheleen Dalley 137 Echo Forest Dr. Lake Echo, Nova Scotia B3E 1A2

**I agree all information provided in this application is accurate and that I, and any paddlers who are part of this program, will abide by the Orenda Canoe Club rules.**

**I further understand that program fees are Non-Refundable unless supported by a doctors certificate.**

**I acknowledge and accept that participation in the sport of canoe/kayak and related recreational activities involves inherent risks. I allow my child to participate in club activities and hereby release Orenda Canoe Club, its coaches, Executive Members, and volunteer staff from liability in response to any injury sustained while engaged in activity with Orenda Canoe Club.**

**Parent/Guardian/Athlete\* \_\_\_\_\_ Date: \_\_\_\_\_**  
(\*If athlete is of legal age 19)

**The attached Medical Form is to be completed for our records in case of an emergency. This information will be kept strictly confidential and will be destroyed at the end of the summer program for compliance with the Personal Information Privacy Act. This information will not be used for any other purpose other then reference in case of an emergency. As parent or legal guardian of the applicant, I am in agreement with the above. Please sign below as consent to have this information on file.**

**Parent Signature: \_\_\_\_\_ Dated: \_\_\_\_\_**

## Orenda Volunteer Executive members:

|                   |                      |          |  |
|-------------------|----------------------|----------|--|
| Commodore:        | Les Mayo             | 829-3872 | <a href="mailto:debandles@ns.sympatico.ca">debandles@ns.sympatico.ca</a>       |
| Registrar:        | Katheleen Dalley     | 829-3215 | <a href="mailto:dalley@ns.sympatico.ca">dalley@ns.sympatico.ca</a>             |
| Vice-Commodore:   | Derek Burnette       | 827-5278 | <a href="mailto:derekkburnett@gmail.com">derekkburnett@gmail.com</a>           |
| Past Commodore:   | Alvin Gardiner       | 462-1129 | <a href="mailto:agardiner@eastlink.ca">agardiner@eastlink.ca</a>               |
| Treasurer:        | Donna Upham          | 829-2325 | <a href="mailto:dupham@eastlink.ca">dupham@eastlink.ca</a>                     |
| Paddling Chair    | Ian Firth            | 829-3517 | <a href="mailto:thefirths@eastlink.ca">thefirths@eastlink.ca</a>               |
| Public Relations: | Cherie Stredder      | 829-2447 | <a href="mailto:mailto:chastredder@gmail.com">mailto:chastredder@gmail.com</a> |
| Secretary:        | Open                 |          |  |
| Fundraising:      | Phil and Tracy Gower | 827-3671 | <a href="mailto:ptgower@accesscable.net">ptgower@accesscable.net</a>           |