



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

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

Membership Form

2010

A LL 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	
Address		Paddlers' Membership status New Returning Transfer	
		If transferring indicate club: _____	
		Postal Code	
Home Telephone		Emergency Name and Contact for Paddler (Other than parent if possible)	
Work phone _____ Employer _____		Cell Number	
Email address (best contact for parents)			
Orenda relies on assistance from volunteers. Please indicate the areas in which you would like to help:			
Recruiting Sponsorship <input type="checkbox"/> Blueberries <input type="checkbox"/> Bottle Drive <input type="checkbox"/> Brunch <input type="checkbox"/> Atom Regatta <input type="checkbox"/> Canteen <input type="checkbox"/> Facility maintenance <input type="checkbox"/> Fixing boats <input type="checkbox"/> Help with driving motor boats at regattas (training is provided) <input type="checkbox"/> Help or become an official at regattas <input type="checkbox"/> Contact me on a event by event basis <input type="checkbox"/>			

Name Of Participant	DOB Y/M/D	MSI #	Emergency contact/PH#	Allergies
#1.				
#2.				
#3.				
#4.				
#5.				
#6.				
#7.				

Program Participation: Write members number into appropriate program to be participating in												
Spring (April-June)			Summer (July-Aug)							Fall (Sept-Nov)		
After School 3-4:30	Full Time 4:30-7	Masters	Kiddie Under9	Atom 2000/2001	PeeWee 1998/99	Bantam 1996/97	Midget/Juv 1995/94/93/92	Jun/Sen 18+	Masters	After School 3-4:30	Full Time 4:30-7	Masters

Individual Membership \$900.00 (Masters Only \$250.00)	
Family Membership \$1,850.00	
CKCFees (Atom\$27, PeeWee\$37,Bantam\$42.30, Midg/Juv \$58.22,Jun/Sen/Mast\$63.52)	
TOTAL	
Payment Terms	For office use only
Payment of full registration fee is required registration time Method of payment Full amount now, cheque or money order payable to Orenda Canoe Club. By 4 installments: Post dated cheques provided to registrar now, dated April 30 (1/4), June 30 (1/4), Aug 30 (1/4), Oct 30(1/4)	Processed By: _____
	Date _____ / _____ /2010

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
- All paddlers must complete a standard swim test before they will be permitted to paddle (summer program). This test represents a minimum level that Canoe Kayak Canada (CKC) and the club set as required to ensure the safety of your child while on the water.
- 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. Extra supervised hours are available for those who register for extended hours.
- A Medical Form must be completed for each athlete. **(Separate Form)**
- The Club will be closed on Canada Day and Natal Day.
- Post dated cheques are acceptable as per the payment terms on the form. All fees stated include CKC fees and an Operations and Maintenance fees to help support running the facility.
- Fees are non- refundable except for medical reasons (with medical certificate), CKC portion of fees are non-refundable.
- Early bird rates only apply for complete registration received on or before the date identified on the form.
- Completed registration form can be handed in on registration day, 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 B3E1A2

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 than 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	debandles@ns.sympatico.ca
Registrar:	Katheleen Dalley	829-3215	dalley@ns.sympatico.ca
Vice-Commodore:	Derek Burnette	827-5278	derekkburnett@gmail.com
Past Commodore:	Alvin Gardiner	462-1129	agardiner@eastlink.ca
Treasurer:	Donna Upham	829-2325	dupham@eastlink.ca
Paddling Chair	Ian Firth	829-3517	thefirths@eastlink.ca
Public Relations:	Open		
Secretary:	Karen Cooke	829-3552	karencooke@accesscable.net
Fundraising:	Phil and Tracy Gower	827-3671	ptgower@accesscable.net
Building Maintenance:	Cherie Stredder	829-2447	

