



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

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

Seasonal Membership

2011

| 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 or initials 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 2001/2002 | PeeWee 1999/2000 | Bantam 1997/98 | Midget/Juv 1996/95/94/93 | Jun/Sen 18+ | Masters | After School 3-4:30 | Full Time 4:30-7 | Masters |
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|--|----------------------------------|
| 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 1 (1/4), June 1 (1/4), Aug 1 (1/4), Oct 1(1/4) | Processed By: _____ Date ____ / ____ /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
- 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 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
- 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: | Nicole Peterson | 827-4940 | mailto:nicole_paul@eastlink.ca |
| Paddling Chair | Ian Firth | 829-3517 | thefirths@eastlink.ca |
| Public Relations: | Cherie Stredder | 829-2447 | mailto:thestreds@msn.com |
| Secretary: | Karen Cooke | 829-3552 | karencooke@accesscable.net |
| Fundraising: | Phil and Tracy Gower | 827-3671 | ptgower@accesscable.net |
| Building Maintenance: | David Stredder | 829-2447 | |

