



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

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

**Registration Form
 Winter Session
 2011-2012**

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 New <input type="checkbox"/> Returning <input type="checkbox"/> Transfer <input type="checkbox"/>	
Address				If transferring indicate club: _____	
			Postal Code		Emergency Name and Contact for Paddler (Other than parent if possible)
Home Telephone		Work phone _____ Employer _____	Cell Number		
Email address for distribution list (best contact for parents) :					
<u>Orenda relies on assistance from volunteers. Please indicate the areas in which you would like to help:</u>					
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"/>					
Contact me on an event by event basis <input type="checkbox"/>					

Fees shown are for Dec. Jan. Feb. March!

Orenda encourages participation. Should the fees be prohibitive please inform the executive. Funding programs and sponsorships may be available on a case by case basis.

Times Mon.-Thurs. 4:30 - 6:30 pm Sat. 9:00 - 11:00 am Sun. 1:00 - 3:00 pm	Full time <input type="checkbox"/> \$450.00 per paddler (Note: If registering for Winter, Swimming at CHP is included)	War Canoe 3 days a week <input type="checkbox"/> \$150.00 per paddler	
Note: Swimming ONLY at Cole Harbour Place costs \$110. Beginning November 7, 2011. Mondays, Wednesdays & Thursdays 6 am to 7:15 am. Must coordinate own transportation to and from.			

PADDLER INFORMATION (Please print clearly)

1. Last Name	First Name& Initial	Date of Birth (DD/MM/Y) ___/___/___ (Photocopy of proof of Birth required if new or transferring)
2. Last Name	First Name& Initial	Date of Birth (DD/MM/Y) ___/___/___ (Photocopy of proof of Birth required if new or transferring)
3. Last Name	First Name& Initial	Date of Birth (DD/MM/Y) ___/___/___ (Photocopy of proof of Birth required if new or transferring)

Program fees per above schedule:	\$ _____
Swimming ONLY \$110	\$ _____
TOTAL DUE:	\$ _____

Payment Terms		For office use only
Payment of registration fee is required upon registration.	Methods of payment: <input type="checkbox"/> Full amount now, cheque or money order payable to Orenda Canoe Club.	
	<input type="checkbox"/> By Installments 4 week intervals: Post-dated cheque provided to Registrar now, dated Dec. 1(1/4), Jan.1 (2/4), Feb. 1 (3/4), and March 1 (4/4).	

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 Paula Veinotte or email peveinotte@hotmail.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 – see website).
- The Club will be closed on Christmas Day, Boxing Day, New Year's Day and Easter Sunday.
- 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 your e-mail messages regularly for announcements, as well as the website and the Orenda Facebook group.
- Completed registration forms and payment can be handed in on registration day, deposited in the registration box at the facility, or alternatively mailed to: Orenda Racing Club Registrar, Paula Veinotte, 43 Veinotte Lane, Porters Lake, NS B3E 1K4.

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 doctor's 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 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:	Derek Burnett	827-5278	derekkburnett@gmail.com
Registrar:	Paula Veinotte	827-4508	peveinotte@hotmail.ca
Vice-Commodore:	Ian Firth	829-3517	ianfirth@eastlink.ca
Past Commodore:	Les Mayo	829-3872	debandles@ns.sympatico.ca
Treasurer:	Nicole Peterson	827-4940	nicole_paul@eastlink.ca
Public Relations:	Susan Abboud		sueabboud@hotmail.com
Secretary:	Michelle Zareski		michelle@homesinmetro.com
Fundraising:	Vacant		
Paddling Chair:	Vacant		