

Registration Form - Spring Junior Membership



Please provide all requested information and SIGN the Waiver and Medical Information forms located on the website

Last Name: _____ **First Name:** _____
Parent's Last Name: _____ **Parent's First Name:** _____
Address: _____ **City:** _____
Postal Code: _____
Rower's Email: _____ **Parent's Email #1:** _____
Parent's Email #2: _____
Home Phone: _____ **Cell Phone:** _____
Birthdate: _____ **Sex:** M _____ F _____
(DD/MM/YY)

Spring Junior Fee

DCRC Membership - mandatory, please choose one:

- 1) Previously registered in Fall 2009 program \$0.00
- 2) New to rowing, or last registered before June 2009 \$25.00

Subtotal

GST 5%

RCA Membership - mandatory, please choose one:

- 1) Previously registered in Fall 2009 program \$35.00
- 2) New to rowing, or last registered before June 2009 \$42.00

Total

Amount Due

\$ 510.00	A
	B
	C=A+B
	D
	E
	C+D+E

GST Registration No. 86235 2606 RT0001

Notes:

DCRC Membership - All participants must be registered as a member of the Deep Cove Rowing Club. Membership is annual.

RCA Membership - Rowing Canada provides general liability and support services to rowing clubs in Canada. Annual membership is required in order to participate in DCRC activities.

Registration Fees do not include Regatta Fees for competitive rowers. Regatta fees are charged to competitors for accommodation, travel and regatta levies. If you have questions please email info@deepcoverowingclub.com

Payment: Please make cheques payable to DCRC. Registration, waiver and medical forms and payment can be dropped off at the boathouse at your first practice, or mailed to DCRC, PO Box 32, #112-1151 Mt. Seymour Road, North Vancouver, BC, V7H 2Y4

Refunds: See refund policy at www.deepcoverowingclub.com

Privacy Statement: All personal information given by participants will only be used for administration and regular communication with respect to the rowing programs. Your information will not be sold or given to anyone else with commercial intentions or otherwise.

Office Use Only:	
Fees Paid \$ _____	Forms Received Date _____
RCA No: _____	Expiry Date: _____