

DCRC Registration Form (2009)

Please provide all the information and SIGN the Waiver and Safety Policy attached

Last Name _____ First Name _____

Parent's Last Name _____ Parent's First Name _____

Address: _____ City _____ Postal Code _____

Rowers Email _____

Parent's Email _____

Phone _____ Cell _____

Birthdate _____ (DD/MM/YR) Sex M F

Program (Please check which applies)

<input type="checkbox"/>	Masters (27+ yrs)
<input type="checkbox"/>	Seniors (19-26 yrs)
<input type="checkbox"/>	Juniors (U 19 yrs)
<input type="checkbox"/>	Learn to Row
<input type="checkbox"/>	Corporate Challenge
<input type="checkbox"/>	Adult Recreation

<input type="checkbox"/>	Annual Membership
<input type="checkbox"/>	Spring
<input type="checkbox"/>	Summer
<input type="checkbox"/>	Fall
<input type="checkbox"/>	Winter Dryland Training

Payment: Please makes cheques payable to DCRC and mail 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	\$	Date:	Forms Received Date
RCA No:		Expiry:	