



Senobe Aquatic Club
 6 Nowlan Street
 P.O. Box 483, Dartmouth, NS B2Y 3Y8
 Contact: membership@senobe.com
 Website: www.senobe.com

2017-18 High Performance Off Season Program Registration

2016-17 High Performance Off Season Programs

<p>Fall September 10- November; Mon-Fri 6:00am & 4:30pm; Sat 9:00am Cost: \$350</p> <p>Winter December- March; Mon-Fri 6:00am & 4:30pm; Sat 9:00am - Dry land Cost: \$350</p>	<p>Spring April- June, Mon-Fri 6:00am & 4:30pm; Sat 9:00am Cost: Full Time \$350</p> <p>Florida Mar, Apr \$50 per week coaching fee to maximum of \$200</p>
---	--

1	First Name	Last Name		Initial
	Email1	Email2	Phone1	Phone2
	Address		City	Postal

2	First Name	Last Name		Initial
	Email1	Email2	Phone1	Phone2
	Address (check if same as above) <input type="checkbox"/>		City	Postal

Paddler 1:

1	First Name	Initial	Program (select all that apply): <input type="checkbox"/> HP Fall part-time__ full-time__ <input type="checkbox"/> HP Winter part-time__ full-time__ <input type="checkbox"/> HP Spring part-time__ full-time__ <input type="checkbox"/> HP Florida - expected # weeks _____	
	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/>		
	Date of Birth (dd/mm/yyyy)	NS Health Card Number		
Emergency Contacts: 1. Name: Relationship: Phone 1: Phone 2: 2. Name: Relationship: Phone 1: Phone 2: 3. Name: Relationship: Phone 1: Phone 2: 4. Family Physician: Phone:				
Health Information (select all that apply) <input type="checkbox"/> Fainting episodes during exercise <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Asthma <input type="checkbox"/> Heart condition <input type="checkbox"/> Medication <input type="checkbox"/> Wears a Medic Alert bracelet/necklace <input type="checkbox"/> Surgery within the last year <input type="checkbox"/> Injury requiring medical attention within the last year <input type="checkbox"/> Epileptic <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Trouble breathing during exercise <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Hospitalized within the last year <input type="checkbox"/> Presently Injured				If any selected, please provided details:
Further Medical Details: Medications: Allergies:		Medical Conditions: Recent Injuries:	Other health-related information that coaching staff should know:	

Paddler 2:

2	First Name	Initial	Program:	
	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/>		<input type="checkbox"/> HP Fall part-time__ full-time__ <input type="checkbox"/> HP Winter part-time__ full-time__ <input type="checkbox"/> HP Spring part-time__ full-time__ <input type="checkbox"/> HP Florida - expected # weeks_____
	Date of Birth (dd/mm/yyyy)	NS Health Card Number		

Emergency Contacts:

5.	Name:	Relationship:	Phone 1:	Phone 2:
6.	Name:	Relationship:	Phone 1:	Phone 2:
7.	Name:	Relationship:	Phone 1:	Phone 2:
8.	Family Physician:	Phone:		

Health Information (select all that apply)	If any selected, please provided details:
<input type="checkbox"/> Fainting episodes during exercise <input type="checkbox"/> Wears contact lenses <input type="checkbox"/> Asthma <input type="checkbox"/> Heart condition <input type="checkbox"/> Medication <input type="checkbox"/> Wears a Medic Alert bracelet/necklace <input type="checkbox"/> Surgery within the last year <input type="checkbox"/> Injury requiring medical attention within the last year	<input type="checkbox"/> Epileptic <input type="checkbox"/> Hearing Problem <input type="checkbox"/> Trouble breathing during exercise <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Hospitalized within the last year <input type="checkbox"/> Presently Injured

Further Medical Details:	Medical Conditions:	Other health-related information that coaching staff should know:
Medications:	Recent Injuries:	
Allergies:		

Medical Authorization

Authorization:
 Any medical condition or injury should be checked by your physician before participating in the paddling program. I understand that it is my responsibility to keep the coaching staff advised of any change in the above information as soon as possible and that in the event that no one can be contacted, coaching staff will take the above listed paddler to the hospital/physician for treatment if deemed necessary. I hereby authorize the physician and nursing staff to undertake investigative examination and necessary treatment of the above listed paddlers in case of an emergency. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Name of Parent/Guardian, or Paddler if over 18 years of age:

I accept these terms and conditions.

Payment Information

Total Fall Fee Payable	\$ _____ (due on September 10, 2017)	Total Spring Fee Payable	\$ _____ (due by April 1, 2017)
Total Winter Fee Payable	\$ _____ (due by November 1, 2017)	Total Florida Fee Payable	\$ _____ (due by Feb 28, 2017)

Payment Method (select one):

E-transfer to Treasurer@senobe.com password = Senobe

PayPal (credit card) – Senobe will send payment request

Cheque or Money Order payable to Senobe Aquatic Club – please deposit to Member Mailbox

Payment must be provided with completed registration form
 A \$25 fee applies to NSF cheques
 Fees are non-refundable

Important Information

- All paddlers/parent/guardians are required to sign the Cold Water Waiver.
- All paddlers are required to provide and wear life jackets for on-water activities when the coach designates (cold water requirement).
- Registration must be complete before paddlers may begin their programs and on-water activities. Registration includes this registration form, cold water waiver and payment for the current term received by the Senobe Registrar.
- Please deposit your completed registration form, cold water waiver, and cheque or money order to the member mailbox (Locker #191 in the Coaches Office). Attention: Registrar.
- For information please contact the Senobe Registrar: Lorie Collins at membership@senobe.com

Authorization

I agree all information provided in this application is accurate and that I, and any paddlers who are part of this application, will abide by the rules of the Senobe Aquatic Club. I further understand that all fees are non-refundable.

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, camp and paddling activities and hereby release Senobe Aquatic Club, its coaches, Board Members, and volunteer staff from any and all liability for any personal injury, death, property damage, expense and related loss sustained while engaged in activity with Senobe Aquatic Club pertaining to this membership.

Parent/Guardian: _____ Date: _____