



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

2017-2018 Pee Wee/Bantam Off-Season Program Registration

2016-2017 Off Season Program

Fall:

Sept. 9 - November (12 weeks)

Full Time: 6 Practices, Mon-Fri 4:30-6:00pm; Sat 10:00-11:00am **Cost: \$300**

Part Time 4 practices, M/W/F 4:30 – 6:00pm, Sat 10:00-11:00am **Cost: \$240**

Fall Part Time

Fall Full Time

Winter Term

December – March (16 weeks)

4 Practices per week: Sat: 10:00-11:30am, Mon, Wed, Fri 4:00-6:00pm.

Cost: \$340

Winter Term

Spring Part Time

Spring Full Time

Spring: (12 weeks)

April - June

Full Time: 6 Practices, Mon-Fri 4:30-6:00pm; Sat 10:00-11:00am **Cost: \$300**

Part Time 4 practices, M/W/F 4:30 – 6:00pm, Sat 10:00-11:00am **Cost: \$240**

If you choose all 3 terms and Pay in Full before September 16

- Full Time- \$840 (\$100 discount)
- Part Time- \$745 (\$75 discount)

If you have more than one child participating, please take a 15% discount

If you have more than 2 children participating, please contact Lorie at membership@senobe.com

Parents/Guardians:

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:

First Name	Initial	Last Name		
Date of Birth (dd/mm/yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>	NS Health Card Number		
<input type="checkbox"/> Canoe <input type="checkbox"/> Kayak				
Emergency Contacts:				
1. Name:	Relationship:	Phone 1:	Phone 2:	
2. Name:	Relationship:	Phone 1:	Phone 2:	
3. 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"/> Epileptic			
<input type="checkbox"/> Wears contact lenses	<input type="checkbox"/> Hearing Problem			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Trouble breathing during exercise			
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Medication	<input type="checkbox"/> Allergies			
<input type="checkbox"/> Wears a Medic Alert bracelet/necklace	<input type="checkbox"/> Hospitalized within the last year			
<input type="checkbox"/> Surgery within the last year	<input type="checkbox"/> Presently Injured			
<input type="checkbox"/> Injury requiring medical attention within the last year				
Further Medical Details:		Other health-related information that coaching staff should know:		
Medications:	Medical Conditions:			
Allergies:	Recent Injuries:			

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, 2016)
Total Winter Fee Payable \$_____ (due by December 1, 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

- 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: _____

Parents must sign this form before their athlete can go out on the water for spring training when weather conditions are harsh. A safety boat will be with the athletes and life jackets are required until the water temperature reaches a level the Atlantic division of CKC determines. *

COLD WATER WAIVER SENOBE AQUATIC CLUB

I give permission for (athlete name (S)) _____

To participate in the on water training program at Senobe during the off-season.

I (parent name) _____ give permission for him/her to paddle in cold water and that all necessary lifejackets will be provided.

DATE _____