



Haldimand Grand River Rowing Club  
P.O. Box 794 Cayuga, On. N0A 1E0  
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[www.haldimandrowing.ca](http://www.haldimandrowing.ca)

## REGISTRATION FORM

Recreational Rowing 2021

**\*\*Open only to experienced rowers\*\***

### MEMBER INFORMATION (Please Print)

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Any medical conditions or allergies that we should be aware of: \_\_\_\_\_

In case of emergency, please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**\*Recreational Rowing: \$230.00**

\*All fees include Row Ontario and Rowing Canada Aviron Memberships & Insurance

\*Cheques made payable to Haldimand Grand River Rowing Club (HGRRC). E-Transfer also available.

**\$60 WILL BE NONREFUNDABLE; NO REFUNDS, once programs begin.**

**All members are required to obey club and legislated safety rules; please refer to [HGRRC Covid-19 Mitigation tool](#) for specific 2021 season protocols.**

***I have read and acknowledge the HGRRC Covid-19 Mitigation tool:*** \_\_\_\_\_  
(signature)

I understand that HGRRC is a volunteer organization and members are expected to participate in supporting to maintain the rowing site/program (i.e. - moving boats, installing docks, site maintenance, etc.)

Do you have:    First Aid Certificate    Boat Operator Certificate

### To be filled out by HGRRC

Paid by:    Cash    Cheque     E-Transfer

Payment Date (dd/mm/yyyy): \_\_\_\_\_

Receipt #:

Amount:

Issued By:

## HGRRC PHOTO RELEASE CONSENT

I \_\_\_\_\_ (print full name) duly authorize and grant permission for the Corporation of Haldimand Grand River Rowing Club or its assignees to freely utilize the photographic image(s) I have provided or in which I appear.

Signature: \_\_\_\_\_

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## HGRRC CONTACT INFORMATION SHARING CONSENT

- I agree to share my email address with members of HGRRC, for communication and contact tracing purposes only
- I agree to the disclosure of contact name & number(s), to be used by HGRRC members only in the case of an emergency.

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_