



Haldimand Grand River Rowing Club
P.O. Box 794 Cayuga, On. N0A 1E0
Email: haldimandrowing@gmail.com
Website: www.haldimandrowing.ca

REGISTRATION FORM 2022

MEMBER INFORMATION (Please Print)

Name: Last: _____ First: _____

Address: _____ Town: _____

Postal Code: _____ Email: _____

Home Phone: _____ Cell: _____ Work: _____

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: _____

Learn-to-Row: \$219.00 *This includes 5 Learn-to-Row program sessions June 7, 9, 11, 14, & 16

Continue to recreational rowing: Those Learn-to-Row participants that want to continue for the rest of the season will pay only **\$254.25** *This registration will be arranged at the end of the 5 sessions

Recreational Rowing: \$360.25 *This includes unlimited access to scheduled rowing sessions (Spring-Fall)

*All fees include applicable HST, 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.

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

Receipt #:

Payment Date (dd/mm/yyyy): _____

Amount:

Issued By: _____



**HALDIMAND GRAND RIVER ROWING CLUB
(hereinafter "HGRRC")**

Image Consent Form

1. I hereby grant to HGRRC, RCA and Row Ontario (collectively the "Organizations") on a worldwide basis, the permission to photograph and/or record the Participant's image and/or voice on still or motion picture film and/or audio tape (collectively the "Images"), and to use the Images to promote the sport and/or the Organizations through traditional media such as newsletters, websites, television, film, radio, print and/or display form, and through social media such as Instagram, Facebook, YouTube, and Twitter. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes. This consent will remain in effect in perpetuity; however, consent may be withdrawn by the Participant by the Participant notifying HGRRC of such withdrawal in writing.
2. I hereby fully release, discharge, and agree to save harmless the Organizations, for any and all claims, demands, actions, damages, losses or costs that might arise out of the collection, use or disclosure of the Images or taking, publication, distortion of the Images, negatives, and masters or any other likeness or representation of the Participant that may occur or be produced in the taking of said Images or in any subsequent processing thereof, including without limitation any claims for libel, passing off, misappropriation of personality or invasion of privacy.
3. **I UNDERSTAND AND AGREE**, that I have read and understood the terms and conditions of this document.

On behalf of me, my heirs and assigns, I agree that I am signing this document voluntarily and to abide by such terms and conditions.

Signed at this ___ day of _____ 20__.

Print Name of Participant: _____

Signature of Participant: _____

Signature of Parent/Guardian (if Participant is younger than the age of majority):

COVID - 19 PROTOCOLS

All members are required to obey club and legislated safety rules; please refer to HGRRC Covid-19 Mitigation tool for specific 2022 season protocols.

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

Safe Sport & Concussion Awareness

Upon registration, members will review and agree to the following (Please initial upon review):

_____ Code of Conduct and Ethics _____ Social Media Policy
_____ Row Ontario Concussion Code of Conduct

HGRRC CONTACT INFORMATION SHARING CONSENT

- I agree to share my email address & phone number 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

Signature: _____ Date: _____

Signature of Parent/Guardian (*if participant is under 18*): _____