



Orenda Canoe Club
 3170 Highway No. 7 Lake Echo, NS B3E 1B2
 P 902-829-3433
<http://www.orendacanooclub.ca>

Registration Form

April 1, 2018 to March 31, 2019

ALL SECTIONS OF THE FORM MUST BE COMPLETED AND PAYMENT RECEIVED BEFORE PADDLER CAN BEGIN PROGRAM

PARENT CONTACT INFORMATION (Please print clearly)

Parent's Last Name		Parent's First name		Emergency Contact Name:	
Address					
Email			Postal Code		Emergency Contact Phone Number:
Home Telephone		Work phone		Cell Number	

FUNDRAISING

Orenda is a non-profit organization, that runs year around programming for its athletes. As such, all members, INCLUDING seasonal members are required to participate in fund raising activities. Please indicate what areas are of interest to you.

- Recruiting Sponsorship
 Bottle Drives
 Father's Day Brunch
 Facility maintenance
 Fixing boats
 Help or become an official at regattas
 Contact me on an event by event basis
 Annual Auction
 Canteen

ATHLETE INFORMATION

Last Name	First Name	DOB (YYY/MM/DD)	Indicate if New, Returning or Transferring Athlete – If Transferring Indicate Club as well	AGE AS OF JAN 1 st of the REGISTRATION YEAR
#1.				
#2.				
#3.				
#4.				

PROGRAM REGISTRATION (See next page for payment terms & Important Information)

Athlete Name	PROGRAM	If enrolling for Afterschool Program indicate Starting month (MM/YY)	PROGRAM COSTS (SEE TABLE) (Carry Total to A)	CKC FEES (SEE TABLE) (Carry total to B)	SUMMER EXTENDED HOURS (\$245 per month/ \$460 two months) (Carry Total to C)
TOTAL PROGRAM COSTS (MAX \$3,410.00) (A)					
CKC FEES (MANDATORY FOR EACH ATHLETE) (B)					
SUMMER EXTENDED HOURS (C)					
TOTAL FEES DUE (ADD A, B, C)					

Payment Terms	For office use only
Methods of payment Full amount is due at registration time by: Cheque or money order payable to Orenda Canoe Club or Email Transfer to orendafinance@gmail.com – please use ‘Orenda’ for a password. <p style="text-align: center;">or</p> Installments due at registration: Post-dated cheques prorated and provided for the first day of each month of enrollment. (ex-for summer program – 3 postdated cheques – 1 for day of registration, 1 for July 1 st and 1 for Aug 1 st)	Processed By: Date ____/____/____/____ Payments Received:

Important Information

- Registration includes full payment per payment terms, this form, medical information sheet, cold water policy, contract of understanding and photocopied birth certificate (if new to the sport). If you have questions please contact Lindsay Munroe (Registrar) lmunroe74@icloud.com.
- Fundraising is MANDATORY – all families are required to participate including athletes that only attend summer programs.
- NSF cheques will be subject to a \$25.00 re-instatement fee
- Parents are encouraged to participate and are welcome to be on site during the paddling programs. Paddlers under the age of 12 years are not to be left unsupervised before and after the program hours. Extended hours are available for children under 12 during our summer program.
- Life Jackets are mandatory for all U11 athletes and must be provided by parents, please label with athletes name. Life Jackets OR Life Belts are mandatory for U13 athletes.
- The Club will be closed on all Holidays, Inservice Days, and days when schools are cancelled due to inclement weather.
- Fees are non- refundable except for medical reasons (with medical certificate), CKC fees and an administration fee of \$25.00 are non-refundable
- Please note all email addresses will be added to a general email list.
- Check your e-mail messages regularly for announcements.

I agree all information provided in this application is accurate and that I, and any paddlers who are part of this program, will abide by the Orenda Canoe Club rules.

I further understand that program fees are Non-Refundable unless supported by a doctor’s certificate.

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 activities and hereby release Orenda Canoe Club, its coaches, Executive Members, and volunteer staff from liability in response to any injury sustained while engaged in activity with Orenda Canoe Club.

Parent/Guardian/Athlete* _____ Date: _____
(*If athlete is of legal age 19)

The attached Medical Form is to be completed for our records in case of an emergency. This information will be kept strictly confidential and will be destroyed at the end of the summer program for compliance with the Personal Information Privacy Act. This information will not be used for any other purpose other than reference in case of an emergency. As parent or legal guardian of the applicant, I am in agreement with the above. Please sign below as consent to have this information on file.

Parent/Guardian/Athlete* _____ Date: _____
(*If athlete is of legal age 19)

Completed registration forms should be handed in on registration day, along with payment, placed in the registration box at the facility, or alternatively mailed to: Orenda Canoe Club, Att: Registrar, 3170 Highway 7, Lake Echo, NS B3E 1B2