

Victoria Youth Paddling Club  
**Program Registration / Membership Form**  
*Please complete this form and give it to your coach*

Renewal     New Member - How did you hear about us? \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Swimming Ability: \_\_\_\_\_ Level: \_\_\_\_\_

Program(s): \_\_\_\_\_

Start Date: \_\_\_\_\_

Payment Method:     Cash                       Cheque                       Credit Card (PayPal)

Amount Paid: \_\_\_\_\_     Please Invoice

Parent/Guardian Names: \_\_\_\_\_

Email: \_\_\_\_\_ (tax receipt will be sent here)

Volunteer interests / skills:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Facilities & Equipment | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Phoning/Communication  | <input type="checkbox"/> Board/Committees | <input type="checkbox"/> Coaching      |
| <input type="checkbox"/> Trailering Boats       | <input type="checkbox"/> Chaperoning      | <input type="checkbox"/> Other: _____  |

Medical / Emergency Contact Forms:     Attached                       On-File (Coach to Verify)

Ocean River / VYPC Waiver Form:     Attached                       On-File (Registrar to Verify)

For Office Use:

1) COACH: Medical/Emergency Contact Forms <input type="checkbox"/> Added to LOCAL Binder on _____ <input type="checkbox"/> Added to TRAVEL Binder on _____	2) TREASURER: Amount Owing: _____ <input type="checkbox"/> Invoice Sent on _____ <input type="checkbox"/> Payment Rec'd on _____
3) COMMUNICATIONS <input type="checkbox"/> Welcome Letter Sent on _____ <input type="checkbox"/> Added to TeamPages on _____ <input type="checkbox"/> Added to MailChimp on _____	4) REGISTRAR <input type="checkbox"/> Added to PadTrac on _____ <input type="checkbox"/> Registered with CORA on _____

Victoria Youth Paddling Club

**Medical / Emergency Contact Information – LOCAL COPY**

*The coach will keep this form on-site at the club in case of emergency*

Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Allergies/other medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction and/or treatment/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant carry medication with him/her? \_\_\_\_\_

Contact Information

Email: \_\_\_\_\_

Mother: \_\_\_\_\_

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

Father: \_\_\_\_\_

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

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Victoria Youth Paddling Club

**Medical / Emergency Contact Information - TRAVEL COPY**

*The coach will add this form to a binder that will be brought on all club trips*

Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Extended Health Plan: \_\_\_\_\_ Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/other medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reaction and/or treatment/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant carry medication with him/her? \_\_\_\_\_

Contact Information

Mother: \_\_\_\_\_

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

Father: \_\_\_\_\_

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

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

# Victoria Youth Paddling Club / Ocean River Sports

## Permission to Participate & Waiver of Liability

**OFFICE USE ONLY**

Program: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Received by: \_\_\_\_\_

Cash       Cheque

Posted       PadTrac

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_, (participant) acknowledge that paddling (kayaking and canoeing) involve risks that are beyond the control of Victoria Youth Paddling Club / Ocean River Sports. I also acknowledge that paddling can be physically strenuous and requires physical fitness and good health.

In consideration of Victoria Youth Paddling Club / Ocean River Sports accepting my child's participation in this program as well as all transportation or activities in connection with the program, I hereby release and forever discharge Victoria Youth Paddling Club / Ocean River Sports, its Directors, Officers, Agents, Servants or Employees and its or their successors, heirs and assigns (the "Release's") of and from any claim, demand, damage, action or causes of every nature or kind howsoever caused arising out of, attributable to or in any way connected to (or occasioned by) the event, including, without limitation, the negligence of the agents, employees and instructors working with/for Victoria Youth Paddling Club / Ocean River Sports.

I agree to inform the staff of Victoria Youth Paddling Club / Ocean River Sports of any medical/mental concerns to my child's participation in the program. (Non-disclosure amounts to a representation that there are no concerns) I agree to abide by the rules and regulations imposed on participants by Victoria Youth Paddling Club / Ocean River Sports and its staff. These rules and regulations are designed for the safety and protection of all participants. I have read the above and fully understand the terms of this waiver and my subsequent commitment.

Use reverse side if more space is required

Medical Information \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Other Contact \_\_\_\_\_

Swimming Ability     None    Basic    Competent (Level \_\_\_\_\_)   Other Concerns \_\_\_\_\_

Photo Release         I give permission to allow photographs taken by ORS/YVPC of my child to be used to further the awareness of paddling

\_\_\_\_\_  
Signature (Parent/guardian) \_\_\_\_\_  
Date

### Canoe Kayak BC Non-Competitive Membership *(paid by Victoria Youth Paddling Club)*

To participate in any club program you must register with Canoe Kayak BC. \$7 is paid by VYPC on your behalf.

Name		Club	Victoria Youth Paddling Club
Address			
City		Postal code	
Phone		Email	
Birthdate		Sex	<input type="radio"/> Male <input type="radio"/> Female

**Canoe Kayak activities by their nature involve certain elements of risk which involve potential for bodily injury. A portion of the registration fees paid to CKBC (Canoe Kayak BC) are allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit myself/child to participate.**

\_\_\_\_\_  
Signature (Parent/guardian) \_\_\_\_\_  
Date