## Canoe Kayak BC - ADULT WAIVER



CLUB NAME: PITT ME	ADOW	s Paddli	ING CLU		ogram: Fun & Fitness	Drago	n Boat	+
FIRST NAME:		LAST NAME:			ABORIGINAL STATUS:		GENDER:	
							M	F
BIRTHDATE:	1	Age:	EMAIL ADDRESS:					
MONTH DA	Y YEAR			12				
Mailing Address:				Сіту:		Postal C	ODE:	
Home Phone:				CELL PHONE:				
THE FOLLOWING INFORMATION IS BC MEDICAL NUMBER:	COLLECTED BY CAN	MEDICAL INFO		IICH RETAINS CONTROL AN	ID CUSTODY OF IT FOR SAFETY	AND EMERGEN	CY PURPOSES	• :
Parent/Guardian:		RELATIONSHIP:	RELATIONSHIP:		PHONE # (IF DIFFERENT THAN ABOVE):			
EMERGENCY CONTACT (OTHER THAN PAR	ENT/GUARDIAN):	PHONE #:		NAME OF	DOCTOR AND PHONE #:			
		<b>I</b>		1				
Recreational Participants	including Dragon Bo	pat Teams)	Co	mpetitive Sprint I	Program			
Adult Recreational				Please note that the following insurance costs are not included in your membership or program fee. Please add the amount shown to your payment.				
☐ Youth Recreational			prog		ie amount snown to your pa	утепт.		
☐ CanoeKids / Summer Car	nps			☐ U13 - \$ 20 ☐ U15 - \$ 30	☐ Junior/Sei	nior U25 - 9	S 70	
<ul><li>☐ School program</li><li>☐ Community program</li></ul>				☐ U17 - \$ 70	☐ Masters -		,,,	
☐ Official / non-paddler				☐ U19 - \$ 70				
Other:								
Release and signatur	е							
I HAVE READ THIS AGRE	EMENT. FUL	LY UNDERSTANI	d its terms <b>A</b>	ATTACHED. UNDE	ERSTAND THAT I HAY	VE GIVEN	UP	
USTANTIAL RIGHTS BY SIGN								٧Y
IATURE AND INTEND IT TO	BE A COMP	LETE AND UNC	DNDITIONAL	RELEASE OF ALL	LIABILITY TO THE GI	REATEST EX	XTENT	
LLOWED BY LAW AND AC					TO BE INVALID THE	BLANCE,		
OTWITHSTANDING, SHALL	CONTINUE	IN FULL FORCE	AND EFFECT.					
I do NOT consent for U	se of Likene:	ss and Informat	tion					
SIGNATURE (PARENT/GUARDIAN	LIE LINDER 101.			Dates				
SIGNATURE (FARENT/GUARDIAN IF UNDER 16):				DATE:				

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GST# 85911 1593 RG 0001

