Canoe Kayak BC - ADULT WAIVER



The following participant in CLUB NAME: PITT M	lEADOWS	-			PROGRAM:	\$ Fitness			
FIRST NAME: LAST NAME:					ABORIGINAL STATUS:			GENDER:	
BIRTHDATE:/	/	AGE:	EMAIL ADDRESS:						
MONTH DAY YEAR Mailing Address:				Сіту:			Postal C	POSTAL CODE:	
HOME PHONE:				CELL PHONE:					
THE FOLLOWING INFORMATION BC MEDICAL NUMBER:	IS COLLECTED BY CANOE	KAYAK BC ON BEHALF		H RETAINS CONTRO	L AND CUSTO	DY OF IT FOR SAFET	Y AND EMERGEN	CY PURPOS	ES.
DC WEDICAL NOWBER.		WEDICAL INI OK	WATON.						
Parent/Guardian:		RELATIONSHIP:	RELATIONSHIP:		PHONE # (IF DIFFERENT THAN ABOVE):				
EMERGENCY CONTACT (OTHER THAN F	PARENT/GUARDIAN):	PHONE #:		Nami	E OF D OCTOR	R AND PHONE #:			
Degraptional Portisinant	2		Com	anotitivo Spri	nt Droard				
Recreational Participants (including Dragon Boat Teams) Adult Recreational				Competitive Sprint Program 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☐ CanoeKids / Summer C	amps			□ U13 - \$ 2					
☐ School program	·			☐ U15 - \$ 3 ☐ U17 - \$ 7		☐ Junior/Se		5 70	
☐ Community program ☐ Official / non-paddler ☐ Other:				□ U19 - \$ 7		_ Mactore	Ψ 10		
2-1									
Release and signatu –									
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IATURE AND INTEND IT TO								XTENT	
ALLOWED BY LAW AND A NOTWITHSTANDING, SHAI				ement is hel	LD TO BE	invalid the	BLANCE,		
I do NOT consent for	Use of Likeness	and Informatio	on						
SIGNATURE (PARENT/GUARDIAN IF UNDER 18):				DATE:	DATE:				

Canoe Kayak BC • Sydney Landing Suite 2003B • 3713 Kensington Avenue • Burnaby, BC V5B 0A7 P 604-465-5268 • info@canoekayakbc.ca • www.canoekayakbc.ca

GST# 85911 1593 RG 0001

