

Print First Name: _____

Print Last Name: _____

The Kamloops Rowing Club 2026 Registration

Please provide the Kamloops Rowing Club with all information requested below so that we can ensure, to the best of our ability, your health and safety while participating in the sport of rowing. Your personal information being collected on this form will be handled in a secure manner during your time with us. All such documents are shredded annually.

✓Learn to Row Program		✓Recreational Rowing Program	
<input type="checkbox"/> Learn to Row \$392.54*		<input type="checkbox"/> Adult Full Season \$752.54*	
*\$100 deposit to be paid to reserve your program seat. It will be applied to your program fees.		<input type="checkbox"/> 10-Punch Card \$332.54	
*If you have completed the TCC Introduction to Rowing Program within a year of your lesson dates, your TCC registration fee will be subtracted from your Learn to Row Program Fee.		<input type="checkbox"/> 15-Punch Card \$390.54	
*Full Fee payment due prior to 1 st lesson via e-transfer: kamloopsrowing@gmail.com		<input type="checkbox"/> Youth Full Season \$631.54**	
		<input type="checkbox"/> Youth 10 Punch \$295.54	
		<input type="checkbox"/> Youth 15 Punch \$341.54	
		<input type="checkbox"/> Drop-In \$182.54	
		<input type="checkbox"/> Refresher \$247.54	
		<i>Payment Schedule Full Season:</i>	
		<i>*Adult Full Season:</i>	
		<i>**1st payment 4/23/26: \$376.27 / *2nd payment 6/30/26: \$376.27</i>	
		<i>**Youth Full Season:</i>	
		<i>**1st payment 4/23/26: \$315.77 / *2nd payment 6/30/26: \$315.77</i>	
Mailing Address with Postal Code			
Phone #: <input type="checkbox"/> Home		Email:	
<input type="checkbox"/> Mobile			
Birthdate: DD/MM/YYYY		BC Personal Health Number (PHN)	
If under 19 years of age, you are considered a minor. Please provide the information (below) and your parent must sign the KRC "Minor Rowing" (aka Rule of Two) document provided.			
Parent/Guardian Name: First _____ Last _____			
Parent/Guardian Email address: _____			
Parent/Guardian Phone: Work _____ Mobile _____			
Your parent/guardian must complete the statement below and sign.			
I, _____ (print name), give permission for my son/daughter to have emergency medical attention as required.			
Parent Signature: _____			

Print First Name: _____

Print Last Name: _____

Emergency Contact Person Name:	Emergency Contact Phone #
<p>✓ Any medical conditions or physical limitations you have that may affect your ability to carry your share of the weight of a boat on your shoulders, walk 100 M to the dock / boathouse and/or row and perform aerobic activity.</p> <p><input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand strength <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Blood pressure <input type="checkbox"/> Cardiac problems <input type="checkbox"/> Other (please specify) _____</p>	
<p>Continued... Medical/Physical Limitations Information</p> <ul style="list-style-type: none">• Please provide us with any information, on the previously ✓ items , that will help us make your rowing experience a more positive one.• List any medications you take that you may require while rowing and its location in your personal items.	

Kamloops Rowing Club Learn to Row Refund Policy:

1. Assuming the participant has paid Learn to Row fees in full, cancellation 10 full days (weekends not included) or more from lesson start date: \$245 Club Rowing Fee - \$117.75(\$50 administration fee & \$ 67.75 paid to Rowing BC/RCA) = **\$127.25 refund**
2. Cancellation less than 10 full days (weekends not included) from lesson start date:
No refund.
3. In case of illness or family emergency: **Lesson cost is transferable to another lesson date for that season.**

<p style="text-align: center;">Membership Fees</p> <p>Membership is valid for the current season only. There are no refunds for membership fees paid. Please initial as read _____</p>
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