



Calgary Canoe Club

On the Glenmore Reservoir at North Glenmore Park
"Per aquas ad fraternitatem - Through the waters to friendship"

Program Registration

Program Name _____ Program Date _____

First Name _____ Family Name _____

Address _____ City/ Province _____

Postal Code _____ Telephone (H) _____ (B) _____

Parent/ Guardian Name _____

Emergency Contact _____ Telephone (H) _____ (B) _____

Date of Birth (youth participants) ___ / ___ / ___ (Day/ Month/ Year)

To ensure maximum safety and participation please complete the following sections:

Swimming ability (please circle) None Weak Fair Strong

Please indicate any medical/ physical considerations the instructors should be aware of:

Please describe all medications in order to assist doctors in case of medical emergency:

Medication	Dosage	Times taken a day	Reason taken

Prescribing Physician _____ Phone _____

Healthcare Number _____ Province _____

NOTICE

Please read and sign the waiver form. To allow you to participate in Calgary Canoe Club activities we must have your signed waiver form. The form is an attempt to be clear about the potential risks involved and to protect the Calgary Canoe Club. If you have any questions about this form or any of the risks, please call the Calgary Canoe Club. Thank you.