St. Lawrence Rowing Club

2025 Membership Form

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

Are you able to swim?

* Yes
* No

Rowing experience:

* None
* Recreational
* Competitive

Program membership details:

* Learn to Row $240 – four weeks (starting May 20), Tuesdays and Thursdays with the option to join the Recreational Program
* Recreational $240 – for rowers with previous experience – May 20-Oct 1

Please provide contact information:

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact (name and number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To the President and Directors of the St. Lawrence Rowing Club:

I hereby apply for membership in the St. Lawrence Rowing Club (SLRC), on the basis as indicated on this application form. In doing so, I agree to the following terms and conditions:

1. I agree to abide by all rules, the By-Laws and Policies of the SLRC.
2. I acknowledge that my membership and fees paid to the SLRC are non-refundable.
3. I agree and acknowledge that I undertake any activity, including rowing, weight and fitness training entirely at my own risk, and that I am medically fit to undertake such activity.
4. I agree that the SLRC is not responsible for any personal injury sustained by myself or any other person, or for the loss or damage to any property which I have brought to the premises, whether caused by theft or any other cause, including negligence of the SLRC or any of its members, coaches, volunteers, agents or contractors.
5. I agree to abide by the safety rules and guidelines of the SLRC and the Canadian Coast Guard. I understand and accept that it is my responsibility to watch the RCA safety video and have the following required safety equipment in my shell or in a coach boat accompanying my shell, failing which I will pay any fines issued for failure to adhere to the safety rules and guidelines: one life jacket for each rower or coxswain, one tow rope, one bailer, a whistle or sounding horn and one navigation light. I agree that a violation of the safety rules and guidelines may result in the suspension or termination of my membership and privileges with the SLRC.
6. You must be fully paid and registered prior to utilizing the facilities. Failure to comply with this will result in suspension or loss of all future club membership and privileges.
7. I agree to abide by any COVID rules and guidelines put in place by SLRC

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Member’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Signature (members under 18) Date

Member Authorization to Disclosure of Information

I understand that the SLRC may in the usual course of operation of the club have reason to disclose my: name, address, telephone number, age, birthdate, sex, email address. I also understand the Club may post on the SLRC website ([www.slrc.ca](http://www.slrc.ca)) or Facebook, photos or video taken during the course of the year that I may appear in.

I confirm that this is acceptable on the basis that this information will be disclosed only in connection with the ongoing operation of the club, its equipment and facilities, provision of services and insurance protection for the club and me.

Disclosure may automatically be made to the following organizations on by behalf: Rowing Canada and Row Ontario.

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Member’s signature Date

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Guardian’s Signature (members under 18) Date