



245 Prospect Ave, Thunder Bay, Ontario, P7A 5L8

## Member Registration For Year 2008

*(Please Print)*

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Day Month Year  
 email: \_\_\_\_\_ Phone Numbers:  
 home \_\_\_\_\_  
 Health Card#: \_\_\_\_\_ work \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ cell \_\_\_\_\_  
 Medical (allergies, etc.): \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please read the following carefully before signing:**

*In the event of an emergency, I give the Lakehead Canoe Club staff permission to arrange any emergency medical care including hospitalization, if necessary. I acknowledge that participation in all Club activities is at my own risk. I hereby release the Lakehead Canoe Club, its officers, directors and employees from all claims of damage arising from any accident or injury, which is caused by or arising from participation of the applicant during any program or in any location where the program is being held.*

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

*(if participant is less than 19 years old)*

**Membership Option: < fees after March 3, 2008 >**

Youth (less than 19)	_____	(\$100)		Fee Paid
Adult	_____	(\$125)	– all inclusive	
Couple	_____	(\$220)	“	\$ _____
Family	_____	(\$250)	“	

\_\_\_\_\_ Date Paid

Team Name: \_\_\_\_\_