



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

Member Registration For Year 2010

(Please Print)

Name: _____ M ___ F ___ Age _____
 Address: _____ Date of Birth _____
 City: _____ / _____ / _____
 Postal Code: _____ Day Month Year
 email: _____ Phone Numbers:
 home _____
 work _____
 cell _____
 Health Card#: _____
 Family Doctor: _____
 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 1, 2010 >

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

				Date Paid

Team Name: _____