



JOHN M. S. LECKY
UBC BOATHOUSE

PARTICIPANT INFORMATION

Name of Participant: _____ Birthdate: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Phone: (home): _____ (work) _____ (cell) _____

Relationship to Participant: _____

List any medications, medical conditions and/or allergies: _____

MEDICAL INFORMATION (BC Residents)

Family Doctor: _____ BC Care Card #: _____

Phone: (office): _____ (pager/cell) _____

MEDICAL INFORMATION (Out of Province)

Medical #: _____ Province: _____

Travel Insurance Provider: _____

****Note: Proof of provincial or travel insurance must be provided before start of camp****

SWIMMING REQUIREMENTS (rowing programs only)

I confirm that _____ (participant's name) meets the following swim standard ability:

- Competently swim 100m unaided
- Tread water for 15 minutes
- Don a lifejacket while in the water

Comments: _____

Signature of Participant or Parent/ Legal Guardian (if under 19 years of age): _____

PARENT/ LEGAL GUARDIAN CONSENT

I hereby grant _____ (participant's name) permission to participate in programs at the UBC Boathouse. I understand that I (or the participant) will be participating in athletic activity where there lies an inherent risk of injury, and I assume all risk of injury that may result. I authorize the University of British Columbia to provide or cause to be provided such medical services as the UBC medical personnel deem appropriate.

I acknowledge that there are certain additional risks, dangers and hazards involved with on water activities, which may include (but are not limited to): weather extremes, including sudden and unexpected changes; dangerous water conditions, including cold water and movement, waves, currents, rapids and white water; collision with natural and man-made objects, including rocks and other boats; and equipment malfunction or failure. See our **2011 Safety Handbook** for more details (<http://www.ubcboathouse.com/richmond-rowing-paddling/safety-handbook.php>)

I waive and release all right of claim for damages of any sort or any other claim or remedy of any sort I or my child may have against The University of British Columbia in connection with my child's participation in the camp.

Signature of Participant or Parent/ Legal Guardian (if under 19 years of age): _____

Printed Name of Participant or Parent/ Legal Guardian (if under 19 years of age): _____

Relationship to Participant: _____ Date: _____

Your personal information is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA). This information will be used for the purpose of evaluating your application for admission to UBC Boathouse Rowing & Paddling Course. Questions about the collection of this information may be directed to manager@ubcboathouse / 604-247-2627.