

AHA DRAGON BOAT TEAM REGISTRATION
Emergency Contact and Safety Information

Please complete and return to:

The Duke of Edinburgh's Award
207 Queen's Quay West
Suite 450, P.O. Box 124
Toronto, Ontario
M5J 1A7 Canada

Name: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Address: _____

Phone Number: _____

Relationship to you: _____

PLEASE LIST ANY RELEVANT MEDICAL CONCERNS WHICH MAY AFFECT YOUR PARTICIPATION:

ARE YOU A COMPETENT SWIMMER?: _____

I understand and accept that there are inherent risks in participating in water-based sports. I have informed the team organizers of any limit in my ability to swim and have acknowledged all medical concerns which may be affected by my participation. I have read and understood the safety procedures as set out in the Toronto International Dragon Boat Festival Official Rules and Regulations (Section B) <http://www.dragonboats.com/pages/rulesandregulation.html> and agree to sign the participants' waiver.

I understand that I will be briefed in all safety and emergency procedures and accept responsibility for my personal safety and Third Party liability while participating as a member of the AHA Dragon Boat Team. In addition, I understand that team members (with the exception of participants working towards the 'fitness' section of their Award) are **not** insured by the Duke of Edinburgh's Award. The AHA Dragon Boat team is operating entirely independently of the Duke of Edinburgh's Award.

Signed: _____ Date: _____

Participants under 18 must have the permission of a **parent** or **guardian**: Signed: _____

Information is collected for the administration purposes of the AHA Dragon Boat Team and will not be shared with any third parties. Every reasonable measure will be taken to maintain and ensure the security of all disclosed information.
