



**SURVIVORSHIP DRAGON BOAT TEAM SOCIETY**  
**P.O. Box 22089, Penticton, BC V2A 8L1**

**REGISTRATION AND COMMITMENT 2019**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY & PC** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**CELL or WORK** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**Preferred paddling side:** L \_\_\_\_\_ R \_\_\_\_\_ Either \_\_\_\_\_ Don't know \_\_\_\_\_

**Interest in steering?** \_\_\_\_\_ **Drumming?** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_ **Shorts Size** \_\_\_\_\_

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**How do you plan to keep in shape besides paddling?**

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

**What do you expect from Survivorship?**

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

**Do you have any allergies the team needs to be aware of?**

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

**Do you have any physical/medical issues the team needs to be aware of?**

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

## MY COMMITMENT TO SURVIVORSHIP

As a member of this organization:

- I recognize that I am an advocate for our vision and message, and will undertake to promote the objectives of our organization whenever possible.
- I recognize that this is a volunteer organization and I am prepared to participate and to support the team in any way that I can.
- I understand that I will not solicit monies or goods or expend any funds on behalf of the Society without prior approval of the Executive.
- I will respond approximately, and in a timely fashion, to communications from the organization.

As a team member:

- I understand that I am part of a team. I have responsibilities to my teammates and will contribute to a positive environment in all situations.
- I understand that the wearing of a life jacket is mandatory.
- I will notify my Captain(s) if I am unhappy with any aspect of the team or its organization, or if I can no longer paddle for whatever reason.
- When travelling with the team, I shall be particularly aware of my responsibilities as a member of the organization and will work actively to promote our message in whatever way I can.

### *Team Members*

- I understand that fitness is a lifetime commitment. To prepare for the paddling season, I will do a minimum of 3 workouts per week.
- I will commit to attending at least 2 to 3 of the practices on the water per week. I will notify my Captain(s) when I cannot attend by updating Team Snap or contacting them.
- I understand I am entitled to the use of a full uniform.

## MEDICAL CONSIDERATIONS

- I acknowledge that I am responsible for my own health and that the medical support personnel for my paddling experience are acting in an advisory role only.
- I have informed my doctor of the demands of this sport and have obtained consent from my doctor to participate on a dragon boat team.
- I will notify my boat coach and personal doctor if I experience any unusual medical problems.

I agree to the sharing of my personal contact information including phone number and email account with all team members.

NAME (Please print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Survivorship Dragon Boat Team Society**