

SISTERSHIP DRAGON BOAT ASSOCIATION 2021 REGISTRATION

MISSION STATEMENT

The Sistership Dragon Boat Association provides opportunities, through the sport of dragon boating, for people diagnosed with breast cancer to foster wellness and partner with the community to heighten the profile and importance of breast health.



Sistership Members:

Please find attached the annual registration package for the 2021 dragon boat season. You will need to **print, complete and sign these seven pages.**

Registration forms: (3 pages)

- Paddling Registration Form
- 2021 Waiver
- My Commitment to Sistership

Par-Q Plus 2020 (4 pages)

FEES for 2021:

- Membership Fee \$20 – All members – Alumni and Active Paddlers (cheque, cash, etransfer via db Sistership@gmail.com)
- Annual Paddling Fee \$150 – Active paddling members – suspended at this time, collection date to be determined

Equipment Deposit: (new members ONLY)

\$350 cheque is required from each active paddler, undated and initialed beside the date space. The equipment deposit cheque would only be cashed to cover costs of lost, not returned, or neglected/damaged equipment (PFDs, paddles, and racing shirts).

DATES:

- All registrations to be submitted/mailed to the registrar. No e-mail registrations.
- Registration Deadline: **December 31, 2020**
- Late registrations will be accepted after December 31, 2020 until January 15, 2021. There will be no guarantee of acceptance as an active paddler after this date.

Please check your forms carefully! Incomplete registrations will not be accepted.

Mail/deliver to:

Cathy Skeith, Registrar
Sistership Dragon Boat Association
64 Crestmont Way SW
Calgary, AB T3B 0L6

*Please direct questions/concerns to
Sistership Registrar at db Sistership@gmail.com*

SISTERSHIP 2021 PADDLING REGISTRATION FORM



Please print legibly!

PERSONAL INFORMATION:

Name _____

Address & Postal Code _____

Phone (preferred #) _____ E-Mail _____

Date of Birth _____ Emergency Contact Name & Phone Number _____

Please circle: NEW or RETURNING MEMBER (number of years with Sistership _____)

A Membership Contact List is created each year and distributed to the Membership. Please indicate if you prefer **NOT** to have your contact information included on this list. _____

If your 2020 paddling fee of \$150 was transferred to our 2021 paddling season, please indicate here. _____

SISTERSHIP and YOU:

1. What are your reasons for joining/belonging to Sistership? _____

2. Sistership is run by volunteers. What skills/talents do you have that might support the organization?

3. Are you First Aid Certified? _____

4. Do you have experience with accounting and/or financial services? _____

5. COMMITTEES: All members must actively participate on one of the following committees. Indicate your choices (1 to 6), with your first choice being one (1).

____ Operations

____ Venue Planning

____ Fundraising

____ Event Planning

____ Community Relations

____ New Members (returning members only)

6. Any other notes/comments? _____

2021 WAIVER OF LIABILITY AND RELEASE CLAIMS

Please Read Carefully!



TO: SISTERSHIP DRAGON BOAT ASSOCIATION

- ✓ The undersigned understands that paddling on lakes, reservoirs, and rivers involves certain dangers, not all of which can be listed herein. Among the more obvious and frequent are:
 1. Exposure to variable extremes in weather that may cause injury due to heat or cold, and which may prevent or force route and itinerary changes.
 2. Contact with and possible immersion in cold water for undetermined periods, leading to hypothermia and possible suffocation.
 3. Exposure to capsizing and sinking, trees, rocks, bridge abutments, log jams, rope entanglement, current patterns and other possible sources of "in water" injury and entrapment.
 4. Unfamiliar terrain and routes where dragon boats could be separated from the party.
 5. Transport of public or private motor vehicle.
 6. Travel in remote locations with poor communications and inability to get rescue or medical assistance easily or quickly.
- ✓ The undersigned agrees to this waiver of liability and release of claims in respect to Sistership Dragon Boat Association, its officers and directors, employees, agents, volunteers, members or managers, contractors, sponsors and sponsor representatives.
- ✓ The undersigned accepts all of the risks and possibility of death, personal injury, property damage and loss resulting from participation in practice sessions, dragon boat festivals and other events that are organized by the Sistership Dragon Boat Association.
- ✓ Further the undersigned releases Sistership Dragon Boat Association, its officers and directors, employees, coaches, trainers, volunteers, managers and contractors from any and all liability for any personal injury, death, property danger or loss that may occur as a result of participating in the activities of Sistership Dragon Boat Association.
- ✓ The undersigned confirms they are physically fit and capable to participate in the activities of Sistership Dragon Boat Association and have no medical conditions or needs other than those detailed in registration data.
- ✓ The undersigned confirms they are comfortable in the water and they are willing to partake in safety testing prior to the paddling season.
- ✓ The undersigned confirms they are at least 18 years of age, being the legal age of majority in the Province of Alberta.
- ✓ By signing this Waiver, the undersigned confirms they have read and understood the contents and will be bound by same, including the signatory's heirs, next of kin, personal representatives and assigns.
- ✓ The undersigned acknowledges that representatives of the Sistership Dragon Boat Association have been available to fully explain the various hazards and risks associated with the activities of the Sistership Dragon Boat Association.
- ✓ The laws of the Province of Alberta govern this waiver of liability and release claims and are enforceable in any court of law.

Signed this _____ day of _____, 20_____, at the City of _____ in the Province of Alberta.

Signature of Participant

Signature of Witness

Printed name of Participant

Printed name of Witness

MY COMMITMENT TO SISTERSHIP

Please check ✓ each statement and sign/date below.



Commitment to the Organization:

_____ I recognize that Sistership is one team with more than one crew. I have responsibilities to my teammates and will contribute to a positive environment.

_____ I am familiar with Sistership's Mission Statement and will undertake to promote our objectives.

_____ I understand that Sistership is a volunteer-run organization, and I am prepared to participate and to support the organization in any way I can.

_____ I understand that it is my responsibility to familiarize myself with Sistership Policies and Procedures including "Code of Conduct" and Sistership Safety Guidelines (available on the website).

_____ I will endeavor to attend bi-annual Sistership meetings especially the Annual General Meeting.

_____ I understand that I will be expected to support the Calgary festival in mid-August.

_____ My communication with members of the organization will be respectful, kind, and timely.

Commitment to my paddling crew:

_____ I understand that I am part of a crew. I have responsibilities to my crewmates and will contribute to a positive environment.

_____ I understand that it is mandatory to wear a PFD (personal flotation device) on the water and that I must be able to swim 100 meters with a PFD.

_____ I will make every effort to attend practices, be present for the warm-up and stay for the cool-down.

_____ I understand there is a minimum attendance percentage (typically 75%) to participate in festival venues.

_____ I understand that to remain an active paddler, I must demonstrate commitment by participating in committee, community and fundraising work. If this commitment is not kept, I may not be permitted to paddle with Sistership.

_____ I recognize that physical fitness is a year-long, lifetime commitment. I will endeavor to do a minimum of two workouts a week October through May. During the paddling season, I will work out a minimum of three times a week including practices.

Signature _____ Date _____