

SYRACUSE CHARGERS ROWING CLUB 2010
PO Box 5643
Syracuse NY 13220-5643

→ → → → Check out the club news on-line at our web site at <http://chargersrow.org>

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Membership requires **completed** application, **signed** Waiver Form **and** payment of the appropriate fee.

Name: _____ Sex: M F Age: _____ D.O.B: ___/___/___

Address: _____ Zip Code _____

Telephone Number: Home: _____ - _____ Work: _____ - _____

Your **email** address: _____

Emergency Contact: Name: _____

Phone: _____ - _____ Relationship: _____

If you wish to receive Club notices by email rather than US mail please check here. _____

Circle Your Program

Adult & Teen Learn to Row

Session I

Session II

High School All Stars

Summer Junior Competitive Camp

Youth Recreational (Learn to Row) (ages 10 –14)

Session

Session II

High School Recreational (Experienced rowers)

Session I

Session II

Collegiate

Masters (those with previous experience)

Fall Junior Competitive

Fall Novice

I would like to make a
donation to the Boathouse
Building Fund.

\$ _____

Thank you!

List any **medical conditions** (allergies, medications, etc.) that should be known to personnel providing First Aid to you. It is your responsibility to keep the club informed of any changes in your medical condition.

I hereby certify that I am able to swim and agree to hold harmless the Syracuse Chargers Rowing Club, Syracuse University and Onondaga County Parks and Recreation for any accident or injury that might occur.

Rower's signature: _____ Date: _____

If rower is under 18 years of age,

Parent's signature: _____ Date: _____

For Club use only

Membership in USRowing is NOT included in club fees.

USRA#: _____

Application, waiver and payment accepted by _____ Date: _____

Fee paid: _____ Payment made by _____ cash _____ check (# _____)

Please complete the waiver on the reverse.

