SYRACUSE CHARGERS ROWING CLUB 2011
PO Box 5643
Syracuse NY 13220-5643

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

Name: _____ **Sex:**M○ F○ **Age:** _____**D.O.B:** MM/DD/YYYY

Address: _____ **Zip Code** _____

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

Your email address: (PRINT) _____

Parent email address (PRINT) _____

***Emergency Contact*:** Name: _____

Phone: _____ - _____ Relationship: _____

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

Circle Your Program

Learn to Row

- ☐ Adult & Teen Learn-to-Row ☐ Session I ☐ Session II
- ☐ Youth Learn-to-Row (ages 10 –14) ☐ Session I ☐ Session II

High School Summer

- ☐ All Stars Camp
- ☐ Summer Competitive Camp
- ☐ Development Camp (Experienced Rowers) ☐ Session I ☐ Session II
- ☐ Sculling Camp
- ☐ Fall Competitive
- ☐ Fall Novice

Experienced Adults

- ☐ Collegiate Summer
- ☐ Masters (Previous Experience Required)
- ☐ Intermediate Fall Masters (One Learn-to-Row session completed)

Corporate Rowing Program ☐ Tuesday or ☐ Thursday

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.

_____

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 (# _____)

Sign Me Up!