

Eastern Shore Community Rowers Inc, Membership Form

Name: _____ Date of Birth: _____

Address: _____

Tel: (H) _____ (W) _____ (C) _____

E-Mail: _____

Emergency Contact: _____ Telephone: _____

Program Participation

Do you know how to row? Yes ___ No ___

What is your level of experience? _____

Are you interested in competitive or recreational rowing? _____ Would you like to be a coxswain? _____

Swimming ability

ESCR requires all members to demonstrate their ability to swim 50 yards and tread water for 5 minutes.

Work Skills

ESCR is an all-volunteer organization. We require all members to attend one mandatory clean up day per year, and encourage you to participate in additional volunteer projects. Do you have any work skills that would contribute to the club's operation such as coxing, equipment maintenance, volunteering in learn-to-row programs, participation in fund raising and race driving? _____

I have read and fully understood this waiver. I have had an opportunity to review the club's safety rules, and I agree to abide by them. I understand and agree that any breach of the Club's rules may result in a suspension or termination of my privileges without refund of dues paid. I hereby apply for club membership on these terms and conditions.

Applicant's signature _____

Parent/Guardian's signature _____

Application: Approved _____ Date _____