



**Sarasota County Rowing Club  
Membership Application**

**Personal Information**

LAST NAME		FIRST NAME	
ADDRESS			APT.
CITY	STATE	POSTAL CODE	
HOME PHONE	CELL PHONE	EMAIL	
BIRTH DATE (MM/DD/YYYY)		GENDER (MALE/FEMALE)	

**Emergency Information**

EMERGENCY CONTACT NAME		
HOME PHONE	WORK PHONE	CELL

**Rowing Experience**

<input type="checkbox"/> High School	<input type="checkbox"/> Port
<input type="checkbox"/> College	<input type="checkbox"/> Starboard
<input type="checkbox"/> Club	<input type="checkbox"/> Sculler
<input type="checkbox"/> None, I am new	<input type="checkbox"/> Coxswain

**To the President and Directors of the Sarasota County Rowing Club (SCRC):**

I hereby apply for membership in the Sarasota County Rowing Club. In doing so, I agree to the following terms and conditions:

- I agree to abide by the club code of conduct, all rules, the by-laws and policies of SCRC including the safety rules and guidelines of SCRC. I understand and accept that it is my responsibility to understand the rules of the Intracoastal Waterway, safe boat handling, and rowing procedures. I agree that a violation of the safety rules and guidelines may result in the suspension or termination of my membership and privileges with SCRC.
- I agree to participate fully as a volunteer as needed, and to respect and care for the equipment.
- I acknowledge that my membership fees and all other fees paid to SCRC are non-refundable.
- I agree and acknowledge that I undertake any activity, including rowing, weight and fitness training entirely at my own risk, and that I am medically fit to undertake such activity.
- I agree that SCRC is not responsible for any personal injury sustained by myself or any other person, or for the loss or damage to any property which I have brought to the premises including but not limited to single or double shells, whether caused by theft, during transportation or by any other cause, including negligence of SCRC or any of its members, coaches, servants, agents or contractors.
- I confirm that I have adequate health insurance currently in force and will be in force during the entire course of my participation in SCRC, to cover all injuries and illnesses that occur as a result of and/or during the participation in these activities. Further I agree to allow SCRC and its agents to administer emergency medical response and/or treatment to any injury or illness that may occur and to release SCRC and its agents from all liability arising out of such treatment.
- I confirm that my primary care physician has cleared me for participation in practices and regattas.
- I certify that I can swim.

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

Membership Category:

Annual	\$480
Seasonal	\$280
One Month	\$50
Student	\$20
Guest Row	\$0

Selection:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Description:

For year-round residents  
 For residents in town 6 months or less  
 For rowers visiting 1 or 2 months a year (non-voting club member)  
 Per month, payable every month the student rows  
 Limited to 5 rows/year for guests from other clubs **OR** for learn to row students

**Check should be made payable to SCRC.** Or pay online at <http://www.paypal.com> to [onlinepayment@sarasotarowing.com](mailto:onlinepayment@sarasotarowing.com)

Please return this form (along with your signed waiver and check) to:

Lou Anne Campbell; SCRC Membership Director; 7314 Periwinkle Drive, Sarasota, FL 34231.