



Passaic River Rowing Association

2012 Registration Form

How to register: Please complete all parts of this registration form. Sign waiver of liability and ability to swim sections.

I. Personal Information: Can your name, address and telephone number be published in a membership directory? **Yes No** Can PRRA use your e-mail address as a primary method of contact? **Yes No**

Print Name:

Date of Birth:

Address:

Preferred Contact Tel No:

City:

State:

Zip:

Are you a youth member?
Yes No

E-mail Address: (please print clearly, indicate zero with strike through) **Ridgewood Crew**
Emergency Contact Name: **Emergency Contact Tel No:**

II. Health Information: Do you have any physical disorder or health condition (such as asthma, diabetes, heart problems, seizures, or back, joint or muscular problems, allergies) or any other condition that may affect your ability to row safely, or that your coach should know about? **Yes No** If yes, please explain:

IV. Waiver of Liability:

I understand that my participation involves rowing in an open craft in a physically demanding activity where there may be unusual risks to my health and safety. In addition, I understand that certain on-shore activities such as carrying boats, may pose unusual risks to my health and safety. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I represent that I am in adequate physical condition to participate in these activities and that I will notify the coach or Association Council if I develop any physical or health condition that may affect my ability to participate in these activities without posing a danger to my health or safety or the health and safety of others. In consider of your acceptance of this application, I hereby agree for myself, my executors, administrators and assigns to hold harmless PRRA, its Association Council, officers, employees, representatives, successors, agents and assigns form all liability on account of injury, loss, claim or damage to my health, well-being or property during my participation in this program.

Signature of participant:

Signature of Parent or Guardian (*if participant is under 18*):

Date:

Date:

III. Ability to Swim Certification: I hereby certify that I am able to swim and can remain afloat for at least 5 minutes.

Signature of participant:

Signature of Parent or Guardian (if under 18)

