

# Passaic River Rowing Association 2013 Registration Form

**How to register:** Please complete all parts of this registration form. Sign waiver of liability and swimming ability certification. Send completed form with payment to:  
**PRRA, P.O. Box 440, Lyndhurst, NJ 07071-0440**

**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. #:**

**City:**

**State:**

**Zip:**

**Are you a youth member?**

Yes No

**E-mail Address: (please print clearly, indicate zero with strike-through)**

**PRRA LTR Program**

**Emergency Contact Name:**

**Emergency Contact Tel. #:**

**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:

### **III. 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 consideration 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:

**IV. 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 participant is under 18*):

**Print Name:** \_\_\_\_\_

**V. Program Fee Schedule**

**Fees**

1. Enter rowing program name:

\_\_\_\_\_

1. \_\_\_\_\_

Enter fee from website on line 1.

Primary Family Member: Yes \_\_\_ or No \_\_\_

If no, provide name of primary family member:

\_\_\_\_\_

2. Are you pre-paying rowing program fees for next year?

Yes \_\_\_ No \_\_\_

2. \_\_\_\_\_

If yes, payment must be postmarked by March 31st, enter the same amount as line 1 above less \$50.00; otherwise enter 0 on line 2.

3. Equipment Storage: Complete Section VI. below. Limited storage is available for singles or doubles. Circle shell type: single or double. Multiply the number of seats by \$200.00 and enter amount on line 3. If you are designating your shell for general PRRA use, enter 0 on line 3.

3. \_\_\_\_\_

4. Sub-Total (add lines 1, 2, and 3). Enter result on line 4.

4. \_\_\_\_\_

5. If you would like to make an optional, tax-deductible contribution to PRRA, enter the amount of line 5.

5. \_\_\_\_\_

6. Total Amount Due (add lines 4 and 5). Send payment (checks payable to PRRA) and signed registration form to:

6. \_\_\_\_\_

**PRRA, P.O. Box 440, Lyndhurst, N.J. 07071-0440.**

**VI. Request for Equipment Storage:**

If you are requesting equipment storage, complete this section and attach a copy of your insurance coverage. Shell Type: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

I authorize use of my shell by all PRRA members.

Signature: