

2010 REGISTRATION FORM

NEW RETURNING MEMBER

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ APT#: _____

GENDER: M F DOB (MM/DD/YYYY): _____ DAY PHONE: (____) _____

EMAIL ADDRESS: _____ EVE/CELL PHONE: (____) _____

CONTACT PREFERENCE: EMAIL PHONE US ROWING #: _____ PROFESSION: _____

AFFILIATION: MIDDLE SCHOOL HIGH SCHOOL MASTERS SUMMER ELITE COLLEGE/VISITING

PAYMENT METHOD PREFERENCE: CHECK CASH CREDIT CARD (IF CREDIT CARD, PLEASE FILL OUT THE ATTACHED AUTHORIZATION FORM)

2010 MEMBERSHIP/PROGRAM/RACK DUES/FEES

MEMBERSHIP DUES	MONTHLY	SEMI-ANNUALLY	ANNUALLY
- MIDDLE SCHOOL	N/A	\$450	N/A
- HIGH SCHOOL (\$1600)	\$200	\$775*	\$1500*
- MASTERS	\$100	N/A	\$1200
- SUMMER ELITE (YOUTH/U23)		\$2100	
- SUMMER REC ACCESS (YOUTH/U23)		\$400	
- COLLEGE/VISITING ROWER	N/A	N/A	\$150
PROGRAM FEES			
- HIGH SCHOOL REGISTRATION FEE (ANNUAL)			\$150
- MASTERS INITIATION FEE (ONE-TIME)			\$350
RACK FEES			ANNUALLY
- SINGLE			\$250
- DOUBLE/PAIR			\$490
- QUAD/FOUR			\$800
- OCTUPLE/EIGHT			\$1400

*PAYMENT OPTION INCLUDES DISCOUNT

YOUR MEMBERSHIP DUES:

YOUR TOTAL:

YOUR PROGRAM FEES:

YOUR RACK FEES:

IF YOU WERE REFERRED TO SARASOTA CREW BY ANYONE
PLEASE WRITE THEIR NAME BELOW:



TERMS AND CONDITIONS FOR MEMBERSHIP:

FEE BASICS

MEMBERSHIPS ARE YEARLY MEMBERSHIPS. YOU MAY PAY IN ONE LUMP SUM SEMI-ANNUALLY OR MONTHLY IN SOME CASES. IF YOU CHOOSE TO PAY IN FULL AT THE BEGINNING OF THE YEAR FOR FULL MEMBERSHIP, YOU WILL RECEIVE A \$100 DISCOUNT FOR THE APPLICABLE PROGRAM,

NOTE: IF YOU CHOOSE NOT TO PAY IN ONE LUMP SUM YOU

ARE STILL AGREEING TO PAY FOR THE FULL YEAR. EXCEPTIONS TO THIS RULE ARE AS FOLLOWS:

1. IF YOU ARE INJURED AND UNABLE TO ROW AS SHOWN BY A DOCTOR.
2. IF YOU MOVE TWENTY FIVE MILES OR MORE FROM THE CENTER.
3. IF YOU CANCEL YOUR MEMBERSHIP BEFORE JANUARY 1ST, YOU WILL RECEIVE A REFUND FOR THE FINAL SIX MONTHS.

TAX AND CREDIT CARD FEES ARE INCLUDED IN YOUR BILLING, SO YOU DON'T NEED TO WORRY ABOUT THEM.

BILLING SCHEDULE

INVOICES WILL BE EMAILED ON THE 15TH OF THE MONTH PRECEDING THE BEGINNING OF EACH PAYMENT PERIOD. PAYMENT IS DUE BY THE 7TH DAY OF EACH PAYMENT PERIOD

PAYMENT METHODS

YOU CAN PAY BY CASH, CHECK, OR CREDIT CARD (WE PREFER CASH OR CHECK TO LIMIT CREDIT CARD PROCESSING FEES). IF YOU PREFER, YOU MAY PUT A CREDIT CARD ON FILE TO BE CHARGED AUTOMATICALLY EACH PAYMENT PERIOD. THESE CARDS WILL BE CHARGED ON THE 7TH DAY OF EACH QUARTER OR THE NEXT BUSINESS DAY IF THE 7TH FALLS ON A WEEKEND OR HOLIDAY.

LATE FEES

IF YOU ARE DELINQUENT ON PAYMENT (AFTER THE 7TH OF THE PAYMENT PERIOD) A 5% LATE FEE WILL BE ADDED TO YOUR INVOICE. WE CHARGE THIS FEE TO COVER THE AMOUNT OF WORK THE OFFICE STAFF MUST COMPLETE TO KEEP TRACK OF DELINQUENT INVOICES AND RESEND THEM. IF YOU ARE 30 DAYS OVERDUE, ANOTHER 5% WILL BE ADDED TO YOUR INVOICE AND YOUR MEMBERSHIP WILL BE SUSPENDED UNTIL PAYMENT IS RECEIVED.

ALTERNATIVE PAYMENT OPTIONS

IF YOU REQUIRE ALTERNATE MEANS FOR PAYMENT, PLEASE CONTACT THE OFFICE TO DISCUSS SPECIFIC INDIVIDUAL PAYMENT OPTIONS.

CHANGING MEMBERSHIP

TO CHANGE YOUR BILLING (DROPPING OR ADDING RACK SPACES) WE MUST RECEIVE THE REQUEST 10 DAYS BEFORE THE END OF THE MONTH OR YOU WILL BE CHARGED FOR HALF OF THE NEXT MONTH.

NEW MEMBER REFERRAL INCENTIVES

ANY MEMBER WHO REFERS A NEW MEMBER TO SARASOTA CREW WILL RECEIVE 10% OF THAT NEW MEMBER'S TOTAL MEMBERSHIP PAYMENTS FOR THE YEAR AS A CREDIT TOWARDS THEIR FOLLOWING YEAR'S MEMBERSHIP DUES. THERE IS NO LIMIT TO THE NUMBER OF REFERRAL CREDITS YOU CAN RECEIVE. IF YOU REFER 10 NEW MEMBERS FOR THE YEAR, YOU COULD EVEN ROW FREE IN 2011!

I HAVE READ AND UNDERSTAND THESE TERMS AND CONDITIONS AND AGREE TO ABIDE BY THEM.

NAME: _____

SIGNATURE: _____

DATE: _____





SARASOTA CREW CREDIT CARD AUTHORIZATION FORM 2010

PLEASE FILL THIS FORM OUT IF YOU WOULD LIKE YOU 2010 INVOICES CHARGED TO YOUR CREDIT CARD
(IF PAYING BY CHECK OR CASH, YOU DO NOT NEED TO FILL OUT THIS FORM)

NAME OF MEMBER: _____

NAME (AS IT APPEARS ON CARD): _____

CARD NUMBER: _____ 3 OR 4 DIGIT SECURITY CODE: _____

EXP. DATE (MM/YYYY): _____

PLEASE CHECK TO MAKE CERTAIN YOUR EXPIRATION DATE IS CURRENT

SIGNATURE: _____ DATE: _____

YOUR CREDIT CARD WILL BE CHARGED BY THE 7TH OF THE FIRST MONTH OF EACH PAYMENT PERIOD.

IS THE BILLING ADDRESS FOR THIS CARD THE SAME AS LISTED ON THE REGISTRATION PAGE? **YES** _____ **NO** _____

IF NO, PLEASE PROVIDE US WITH THE BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____





ASSUMPTION OF RISK, LIABILITY, RELEASE AND INDEMNITY AGREEMENT

I RECOGNIZE THAT PARTICIPATION IN THE SPORT OF ROWING AT SARASOTA CREW (SC) INVOLVES HAZARDS TO ME INCLUDING, BUT NOT LIMITED TO DROWNING, COLLISION WITH OTHER BOATS, CONTUSIONS OR CONCUSSIONS, HYPOTHERMIA, SUNBURN, BACK STRAIN, AND OTHER PERSONAL INJURIES. I HEREBY PERSONALLY ASSUME ALL RISKS, WHETHER FORESEEN OR UNFORESEEN, FOR ANY HARM, INJURY, LOSS, OR DAMAGE IN CONNECTION WITH THE USE OF SC THAT MIGHT BEFALL ME AS A RESULT OF MY PARTICIPATION.

I AGREE TO DEFEND, HOLD HARMLESS, INDEMNIFY, AND RELEASE SARASOTA CREW, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS, DAMAGES, OR LOSSES BY ME OR MY FAMILY, HEIRS, OR ASSIGNS, ARISING OUT OF MY USE OF SC, EVEN IF CAUSED SOLELY BY THE NEGLIGENCE OF SC, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS.

FURTHERMORE, I ASSUME COMPLETE RESPONSIBILITY FOR ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY CAUSED BY ME. I PROMISE TO PAY FOR ALL COSTS INVOLVED WITHIN 30 DAYS UPON PRESENTATION OF A STATEMENT.

I UNDERSTAND THIS AGREEMENT IS A CONTRACT AND SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION AND USE OF SC AND SHALL CONTINUE THEREAFTER AS TO ANY OCCURRENCE DURING MY PARTICIPATION AND USE OF SC. THIS AGREEMENT SHALL BIND MY HEIRS, PERSONAL REPRESENTATIVES, ASSIGNS, AND ALL MEMBERS OF MY FAMILY, INCLUDING MINORS.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK, LIABILITY RELEASE, AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS:

STREET: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

EMAIL: _____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

(ONLY IF 18 OR OVER, IF UNDER 18, PARENT/GUARDIAN MUST SIGN)



RELEASE OF LIABILITY

ALL USROWING MEMBERS MUST read, sign and submit the Annual Release of Liability form. Failure to do so may invalidate your membership. When registering online, you MUST sign the Annual Release of Liability document and forward to USRowing by mail at: USRowing at 2 Wall Street, Princeton, NJ 08540, or fax to (609)924-1578

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, until the end of this calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death (“Risks”); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant/US Rowing #: _____ #
Address: _____

City _____ State _____ Zip _____

Phone: _____ Date: _____

Participant’s Signature: _____

Parental Consent (if participant is under the age of 18). _____

AND I, the minor’s parent and/or legal guardian, understand the nature of rowing activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: _____

Address: _____

City: _____ St: _____ Zip _____

Phone: _____ Date: _____

Parent/Gaurdian Signature (only if participant is under the age of 18)





SWIM / FLOAT TEST

ALL PROSPECTIVE ROWING PARTICIPANTS MUST PASS A SWIM / FLOAT TEST PRIOR TO USING ANY EQUIPMENT PROVIDED BY SARASOTA CREW OR PARTICIPATING IN ANY SARASOTA CREW PROGRAMS.

THE SWIM / FLOAT TEST CONSISTS OF KEEPING AFLOAT FOR TEN MINUTES WITHOUT TOUCHING THE SIDES OR BOTTOM OF THE POOL, AND WITHOUT RECEIVING ASSISTANCE OF ANY KIND FROM AN OBJECT OR ANOTHER PERSON.

THE CERTIFIED LIFEGUARD OR WATER SAFETY INSTRUCTOR (WSI) MUST COMPLETE THE INFORMATION BELOW: INFORMATION BELOW TO BE FILLED OUT BY A CERTIFIED LIFEGUARD / WATER SAFETY INSTRUCTOR ONLY

I,

A CERTIFIED LIFEGUARD / WATER SAFETY INSTRUCTOR AT THE _____

POOL DO HEREBY CERTIFY THAT _____

REMAINED AFLOAT UNDER HIS/HER OWN POWER FOR TEN MINUTES WITHOUT TOUCHING

THE SIDES OR BOTTOM OF THE POOL, AND WITHOUT RECEIVING ASSISTANCE OF ANY KIND

FROM ANY OBJECT OR PERSON.

DATE: _____

SIGNATURE: _____

