

2019 Application for Membership to BCRC

Membership: April 1, 2019 - March 31, 2020

Name _____

Address _____

City, State, Zip Code _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Male _____ Female _____

Emergency Contact Name _____ Phone _____

Please
PRINT
clearly
so you receive
BCRC communications.

Download two PDFs **CLUB POLICY AND SAFETY RULES & CLUB SAFE SPORT POLICY** at:

www.baycityrowing.org/membership

Get your basic USRowing Membership for just the \$9.75 administration fee & sign the online waiver to be listed on BCRC's roster. Begin or renew your USRowing Membership at:

<http://www.usrowing.org/membership/> Use Club Code - YLLV6

BCRC Membership Dues Categories *Circle your selection*

<i>Individual</i>	<i>New \$230</i>	<i>Renew \$330</i>	
<i>Under 26</i>	<i>New \$180</i>	<i>Renew \$255</i>	<i>College student prorate per month.</i>
<i>68 and over</i>	<i>New \$180</i>	<i>Renew \$255</i>	
<i>Family</i>	<i>New \$360</i>	<i>Renew \$520</i>	
<i>Coxswain</i>	<i>New \$50</i>	<i>Renew \$65</i>	<i>Must be approved by board.</i>
<i>Supporting</i>	<i>\$25</i>	<i>Minimum</i>	

Boat Storage Fee Per Boat 1 year

\$200 *Circle if selected*

Private boat storage must be approved by the BCRC Board and is limited to members only.

Make check to **BCRC, INC** for _____ (Your Total fees)

Initial the following:

_____ Not sure _____ **Yes, I am able to swim 50 yards and tread water for 5 min.**
 _____ **Yes, I have read and understand the Club Safety Policy.**
 _____ **Yes, I have read and understand the Club Safe Sport Policy.**

Applicant Signature _____ **Date** _____

Volunteer Activities I can help with: _____

Parent/Guardian of Athletes under the age of 18 (*Applicant must be at least 14 year old.*) If the athlete is under the age of 18, a parent or legal guardian must also sign the online USRowing Association release of liability (Parental Consent) and agree to the following statement:

This is to certify that as a parent/guardian of this participant, I do consent to his/her release of liability as set forth with this application. I will also fill out the USRowing Membership and sign the waiver online.

Parent/Guardian _____ **Date** _____

Bring your **APPLICATION & PAYMENT** to the Boathouse at scheduled practice

or Mail your application & payment to: **Bay City Rowing Club Treasurer, P.O. Box 615, Bay City, MI 48707-0615**