

**2023 Application for Adult Membership to BCRC**

Membership April 1, 2023 - March 31, 2024

Name\_\_\_\_\_

Please

Address\_\_\_\_\_

**Print**

City, State, Zip Code\_\_\_\_\_

clearly

Email Address\_\_\_\_\_

so you receive

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

BCRC Communications.

Date of Birth\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Emergency Contact

Name\_\_\_\_\_ Phone\_\_\_\_\_

**Tasks to complete:**

- **Read:** Club Policy & Safety Rules and Club Safe Sport Policy [www.baycityrowing.org.membership-2/](http://www.baycityrowing.org.membership-2/).
- **Sign-up** for a basic US Rowing Membership in membership portal, pay fee and sign the US Rowing Agreement Waiver, use Club Code –**YLLV6** to be listed on BCRC’s roster - [membership.usrowing.org](http://membership.usrowing.org).
- **Complete** US Rowing SafeSport training “Abuse Prevention for Adult Athletes” in the membership portal, if you are an adult 18 yrs or older.
- **Read** CDC guidelines for Covid19: [https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html?s\\_cid=11759:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY22](https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html?s_cid=11759:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY22)

**Rowers that attended LTR 2022 receive a discount on their 2023 membership! See dues amount in (\$).**

**Membership Dues Categories Circle your selection.**

Individual	<b>\$335</b>	<b>(\$295)</b>
Under 26	<b>\$265</b>	<b>(\$227)</b>
68 and Over	<b>\$265</b>	<b>(\$227)</b>
Family	<b>\$540</b>	<b>(\$460)</b>
Coxswain	<b>\$50</b>	<b>(\$50)</b>
Supporting	<b>\$50</b>	<b>(\$50)</b>

**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** for \$\_\_\_\_\_ **Total Fees**

**Initial your answers below.**

\_\_\_\_ Not sure \_\_\_\_ Yes, ***I am able to swim 50 yards and tread water for 5 minutes***

\_\_\_\_ Yes, I have read and understand the Club Safety Policy.

\_\_\_\_ Yes, I have read and understand the Club Safe Sport Policy.

\_\_\_\_ Yes, I agree to follow CDC Covid19 guidelines.

\_\_\_\_ No \_\_\_\_ Yes, BCRC has permission to use photos of me on our website or social media.

**Adult Rower**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

Bring this application and payment (Check payable to Bay City Rowing Club) to the boathouse, or mail to:

**BCRC/Treasurer, PO Box 615, Bay City, MI 48707-0615**