Kenmore Rowing Club

Adult Rowing Club Registration

**Participant information**

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_M \_\_ F

Date-of-birth: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_cell \_\_\_landline

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode \_\_\_\_\_\_\_\_\_\_

Registration type: \_\_\_\_$225 \_\_\_payment before March 1 (-$25)

T-shirt size: \_\_ Womens \_\_ Mens \_\_small \_\_medium \_\_large \_\_XL

How did you hear about us? \_\_\_Internet \_\_\_Flyer \_\_\_Word of mouth Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimming acknowledgement:**

\_\_\_\_\_ To participate in Club rowing I understand I must (a) pass a 10 minute float test (offered by

Initial Seattle Parks see link below), (b) provide other evidence of swimming ability, or (c) provide

information that demonstrates you are an experienced rower. **Please provide evidence with your registration form** Float test info http://www.seattle.gov/parks/pools.asp - call the pool for a schedule (see <http://www.seattle.gov/parks/teens/pdf/forms/float_test.pdf>)

**Waiver acknowledgement:**

\_\_\_\_\_ I understand that I will need to sign the USRowing waiver of liability before I participate

Initial

**Medical conditions**: please list any current injuries, physical/mental limitations, allergies, and any other pertinent medical information that the program director and coaching staff may need to be aware of to ensure you have a safe and productive rowing experience.

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**Emergency Medical Treatment Waiver -** In case of emergency, please contact:

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

I authorize emergency medical treatment if qualified medical personnel consider treatment necessary providing I am unavailable to respond/advise or my emergency contact is unavailable to respond/advise.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Please make check payable to: Kenmore Waterfront Activities Center (memo line: Adult rowing)

Mail form and payment to: Kenmore WAC 7353 NE 175th St., Kenmore, WA 98028