



OCRAA JUNIOR MEMBERSHIP APPLICATION 2010

2010 OCRAA Junior Membership Application

APPLICATION FORM - PLEASE PRINT

Name: _____
Age: _____
Mailing Address: _____
City: _____
State: _____
Zip Code: _____
Phone No. _____
Birth Date: _____
E-Mail Address _____

Note: Junior members must be accompanied by a rowing member at all times.

GENERAL RELEASE

As a parent/legal guardian of the applicant child, I hereby certify the he/she is in excellent physical health and capable of participating in strenuous physical activity. I hereby acknowledge that the activities to be undertaken involve the use of heavy equipment in a potentially dangerous water environment. I hereby certify that he/she can swim 50 meters and stay afloat for 5 minutes. I agree that if selected I will execute the Junior application for Membership in the Ocean City Rowing & Athletic Association and the United States Rowing Association Waiver provided (please review fully before submitting this application).

In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities in which my child is a participant. I hereby release, absolve and hold harmless the Ocean City Rowing & Athletic Association, The City of Ocean City, NJ and its employees and/or agents.

Parent/Guardian Signature: _____

Date: _____

Emergency telephone No: _____

List any medical conditions or problems that the OCRAA should be made aware of on the back: