2021		
www.racinedragonboatclub.org Racine Dragon B	oat Club	paddle@racinedragonboatclub.com
Name:		Date:
Street Address:		
City: Sta	ate:	Zip:
Date of Birth: / / Cell #		Home #
EMAIL (III)		
Please PRINT email address legibly - it is our only form of communication with you		
Do you have any medical concerns that we should know about: Yes No If YES, please explain:		
Emergency Contact		
Name: Phone:		
Relationship: Membership Information		
Paddling experience (check all that apply )		
Dragon boat Kayak	Canoe	Other
Paddling interest:		
Other Club interests:		
Membership type ( <i>Check one</i> ): (first time is FREE)		Checks payable & mail to:
🔲 Adult (18 or older) - <i>\$60</i>		Racine Dragon Boat Club
☐ Youth (14-17) - <i>\$35</i>	26200 Dover Line Road	
Family (maximum 2) - \$100		Waterford, WI 53185
*** This form <b>must</b> be signed and fees <b>must</b> be paid, <b>prior to boarding the boat</b> . ***		
LIABILITY WAIVER: Compliance with rules - I agree to follow all rules and instructions given in connection with the Sessions and properly wear, at		
all times, while participating in any sessions, an approved flotation device or life preserver/life jacket.		
Photos/Videos - I agree that any photos or videos (electronic, film or digital) taken may be used for any purpose, including		
publicity and commercial marketing and advertisement by Racine Dragon Boat Club.		
Acknowledgement - I recognize and accept that participation in water related activities involves the risk of injury and/or death and		
that I am the only person responsible for my own safety. Therefore, intending to be legally bound, I hereby waive for myself and		
anyone claiming through me the right to sue Racine Dragon Boat Club, it's officers, trip leaders, or members for any injury and/or		
death or equipment damage incured while taking part in, preparing for, or traveling to and from any Racine Dragon Boat Club's activity. This waiver applies to any negligent act or omission and to any intentional act intended to promote my safety. This waiver also		
applies to any action which requires a contribution. I have read and understand this waiver and sign it voluntarily		
this day of, 20		
Signed:		
·		
UNDER 18 YEARS OF AGE ONLY		office use only office use only
Parent's/Guardian's Name (Please Print)		Date paid
Signature:		Check #
Phone:		Cash
Email:	Team	