2021	
www.racinedragonboatclub.org Racine Dragon Boat	Club paddle@racinedragonboatclub.com
Name:	Date:
Street Address:	
City: State:	Zip:
Date of Birth: / / Cell #	Home #
EMAIL (772)	
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: Pho	
Relationship: Membership Information	
Paddling experience (check all that apply)	mormation
	noe 🔲 Other
Paddling interest:	
Other Club interests:	
Membership type (Check one ): (first time is FREE)	Checks payable & mail to:
Adult (18 or older) - <i>\$50</i>	Racine Dragon Boat Club
Youth (14-17) - <i>\$35</i>	26200 Dover Line Road
	Waterford, WI 53185
*** This form <b>must</b> be signed and fees <b>must</b> be paid, <u>prior to boarding the boat</u> . ***	
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:	
	office use and a ffice of the
UNDER 18 YEARS OF AGE ONLY Parent's/Guardian's Name (Please Print)	office use only office use only Date paid
Signature:	Date paid Check #
Phone:	Cash
Email:	Team