

Check if this is a renewal



MEMBERSHIP APPLICATION

MAILING ADDRESS: PO BOX 955, LAWRENCE, MA 01842

BOATHOUSE ADDRESS: 1 EATON ST., LAWRENCE, MA

Ph: 978-681-8675 Fax: 978-681-7805

www.boatingprogram.com

www.growing.org

Office Use Only

Member No. _____

Payment: \$ _____

Cash _____ Check # _____

Scholarship: _____

Staff Initials: _____

Notes: _____

Full Name: _____
FIRST MI LAST

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ School: _____

E-mail: _____

Parent E-mail (if under 18): _____

DOB: ____ / ____ / ____

Emergency Contact: _____

Relation: _____

Day Phone: _____ Evening Phone: _____

Health Information:

Physician: _____ Office Location _____

Phone: _____ Address: _____

Health Insurance Co.: _____ Medical Policy #: _____

Asthma No _____ Yes _____ Inhaler: Yes _____ No _____

Diabetes No _____ Yes _____ Type: _____ Insulin: Yes _____ No _____

History of seizure No _____ Yes _____ Type/Reason: _____

Allergies No _____ Yes _____ Type: _____ Medication: _____

Other medical concerns: _____

How did you hear about Greater Lawrence Community Boating? _____ Camp Fair
_____ Pamphlet/Brochure _____ Internet _____ Radio _____ School _____ Friend _____ Walking by

Information on race ethnicity is optional. We ask this information so that we may better serve the needs of our membership. _____ Asian/Pacific Islander _____ African-American _____ Caucasian
_____ Native American _____ Other: _____
_____ Hispanic or Latino _____ Non-Hispanic or Latino

Swim Verification: All members must be able to swim 75 yards and tread water for 5 minutes.

Please have a lifeguard complete and sign this section as proof of swimming ability:

I certify that the above applicant can swim 75 yards and tread water for 5 minutes.

Lifeguard Signature _____ Date of test: _____

Name of pool facility: _____

Please indicate your choice of program:

_____ Youth Sailing (age 9-18)

_____ Adult Learn to Row

_____ Youth Rowing Rec. (age 12-16)

_____ Adult Int./Adv. Rowing

_____ Youth Rowing Competitive (age 12-18)

_____ Log Book Sculling

LIABILITY WAIVER:

I understand that **Greater Lawrence Community Boating Program, Inc.** (GLCBP) staff, volunteers, and the participating boating facilities shall not be liable for my or my child's accident or illness or any claims, demands, injuries, or damages to my, or the child noted below (1) resulting from my/his/her participation in GLCBP activities or (2) in connection with my/his/her use of the boathouse facility, equipment, or premise where GLCBP activities take place. If I, or anyone on my, or my child's behalf makes a claim against **Greater Lawrence Community Boating Program, Inc.** staff and/or volunteers, or the participating boating facilities arising from my or my child's participation in any **Greater Lawrence Community Boating Program, Inc.** program or premises where these activities take place, I agree to indemnify and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against them, whether the claim is based on negligence or otherwise.

EMERGENCY MEDICAL AUTHORIZATION (IF UNDER 18):

We would like you the Parent/Guardian to be aware that boating does present risks and if a situation arises we would not hesitate to seek emergency care. We ask you to sign this section so that if by chance you cannot be reached in an emergency, your child may receive medical treatment as soon as possible.

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of tests, drugs, anesthesia and/or blood transfusions to the below named minor person that may be ordered by a Physician, Dentist and/or any Emergency Medical professional in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

_____ (Parent/Guardian Initials)

PHOTO RELEASE:

I give **Greater Lawrence Community Boating Program, Inc.** permission to use my or my son/daughter's photo and statement, about the program in materials that promote **Greater Lawrence Community Boating Program, Inc.** These may include brochures, newspapers, the Internet, radio magazines, or television.

_____ (Participant or Parent/Guardian Initials)

Participant Name: _____

Participant Signature: _____ Date: ____ / ____ / ____

(If under 18 see below)

I sign this agreement on my child's behalf, my behalf and on behalf of my personal representatives, assigns, and heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____