



# Mobjack Rowing Association

PO Box 1015

Mathews, Virginia 23109

mobjackrowing@gmail.com

## Membership Registration

### Program:

(Check Applicable Program)

- ☐ Intro to Rowing Camp (Rising 7<sup>th</sup> graders to rising 12<sup>th</sup> graders)
- ☐ Intro Rowing Adults (Adult 18 and older)
- ☐ Row for Miles (Experienced rowers 7<sup>th</sup> grade and up)
- ☐ Competitive Junior (By invitation only)
- ☐ Competitive Senior (Ages 19+ by Invitation only)
- ☐ Fall Head Racing (Rising 7<sup>th</sup> graders through adult)
- ☐ Winter Erg Conditioning (Rising 7<sup>th</sup> graders through adult)

Members Name: \_\_\_\_\_  
(Last) (First) (Middle In.)

Date of Birth: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_  
(MM/DD/YYYY)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Member email address: \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

(If Under 18)

**Current School/University:** \_\_\_\_\_

(If Applicable)

Rowing Season Completed: \_\_\_\_\_ **Sweep Experience:** Port Strbd Both **Sculler:** Yes No

I certify that my child can meet the eligibility requirements of physical health and is a proficient swimmer. I also certify that the above information is correct.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature if 18+ \_\_\_\_\_ Date: \_\_\_\_\_

## Mobjack Rowing Waiver of Liability

I understand that my participation involves rowing in an open craft in a physically demanding activity where there may be unusual risks to my health and safety. In addition, I understand that certain on-shore activities such as carrying boats, may pose unusual risks to my health and safety. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I

represent that I am in adequate physical condition to participate in these activities and that I will notify my coach if I have or if I develop any physical problem or health condition that may affect my ability to participate in these activities without posing a danger to my health or safety, or the health or safety of others. In consideration of your acceptance of this application, I hereby agree for myself, my executors, administrators and assigns to hold harmless Mobjack Rowing Association, its directors, officers, employees, representatives, successors, agents, coaches, and assigns from all liability on account of any injury, loss, claim, or damage to my health, well-being, or property during my participation in this program.

☐ By checking the box, I agree with the terms of this Waiver of Liability.

**NOTE: IF PARTICIPANT IS UNDER AGE 18, PARENT INFO MUST ALSO BE FILLED IN AND SIGNED BELOW.**

### Participant Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Information (If Under 18 Years Old):

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_