

Hiawatha Island Boat Club

Membership Application

(Please Print)

Name		Age 18+ (Y/N)
Home Address		Apt #
City		State
Zip		Zip
Best Phone to contact ()	Second Best Phone to contact ()	Third Best Phone to contact ()
Email Address		
Emergency Contact Name		Emergency Contact Phone
Please List Any Allergies or Medical Conditions We Should Know About (in case of emergency)		
Have You Rowed Before? Yes _____ No _____	If yes, Where?	
Membership Type (Check One Only) Adult _____ Family _____ Junior _____ College _____ Coach _____		
Signed		Date
Fee Paid	Received By	Date
By signing this form I certify that I am in good health, able to participate in moderate to strenuous activity and able to swim. A current US Rowing Waiver form and dues must be received before participating in club activities.		