

Hiawatha Island Boat Club

Membership Application

(Please Print)

Name		Age
Home Address		Apt #
City		State
Zip		
Home Phone ()	Business Phone ()	Cell Phone ()
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
<p>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 signed US Rowing Waiver form and dues must be received before participating in club activities. Your membership card is proof of payment and membership status.</p>		