



Membership Form 2023

Member Information

Name: _____

Address: _____

Email address: _____ Best phone #: _____

Date of birth: _____ Gender: _____ Height: _____ Weight: _____

Emergency contact: _____

Emergency Contact Phone: _____

Other Rowing Club affiliations: _____

US Rowing #: _____ expires: _____

Rowing experience: Beginner _____ Intermediate _____ Advanced _____ Yrs _____

I attest that I can swim _____ Tread water for 5 min _____ Have own equip _____

Annual dues to be paid by June 1st \$300.00 (22yrs and older)

Annual dues to be paid by June 1st \$170.00 (student/young adult 18 yr to 21yr)

Are you a member of Squam Lakes Association? Required!

Have you signed the SCR Waiver for 2023 (over)?

Please make check payable to: Squam Community Rowing, and present to any SCR Board Member.

Membership Fee Enclosed \$ _____

Questions? Contact the club email squamcommunityrowing@gmail.com

Website: www.squamcommunityrowing.com Facebook: Squam Community Rowing

Squam Community Rowing is a non-profit 501C3 established in 2013

Squam Community Rowing • PO Box 1661, Meredith NH 03253

Mail or email to: squamcommunityrowing@gmail.com



I, _____ hereby enroll in Squam Community Rowing. Recognizing that this is a community activity, which includes all scheduled, unscheduled, supervised, unsupervised activities, as well as the use of the club equipment, including rowing shells, oars, launches, motors, equipment, trailers, boat racks, docks, and ramps, etc. I understand the nature of Rowing Activities involve risks and danger for serious bodily injury, permanent disability, paralysis and death including drowning. Activities take place on both water and land and I hereby assume all such risks, known and unknown, and release Squam Community Rowing and their agents from liability for any injury or harm which may result from or be related to my participation in rowing and associated activities. I will inspect equipment before using it and take full responsibility for assuring that the equipment is in good working order and safe to use. If I observe any condition that I consider to be unacceptably hazardous or dangerous, I will notify the authority in charge of the activity and will refuse to take part in the activity until the condition has been corrected to my satisfaction. I understand that I am responsible for damage to club equipment not otherwise caused by normal wear and tear.

Signature: _____

initial here: _____ I understand that by typing my name, I am signing the above waiver.

Date: _____

PARTICIPANT SWIMMING ABILITY CERTIFICATION

This is to certify that _____
(a Participant in Squam Community Rowing) is qualified, in good health and in proper physical condition to participate in rowing activities. I have the ability to perform the following measures of swimming competence:

(Please check EACH below)

_____ Swim 100 yards

_____ Tread water for 5 minutes

Signature: _____

initial here: _____ I understand that by typing my name, I am signing the above waiver.

Date: _____

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