

MEMBERSHIP APPLICATION
SCOTIA-GLENVILLE ROWING ASSOCIATION, Inc.
Spring 2008

The Scotia-Glenville Rowing Association is an organization dedicated to fostering the sport of rowing for secondary school students. Membership in this organization may entitle Scotia-Glenville School students to membership in the Scotia-Glenville Crew Club during the spring season. Cost for the spring season is **\$275.00 returning rowers and \$200.00 for new (learn to row) rowers**. This includes use of the equipment, coaching, insurance, race entry fees, and other program expenses, but does not include travel expense. Both parents and students are expected to participate in fundraising activities. Donations and business advertising is always welcome and are tax deductible. The Association is a member of the United States Rowing Association and carries required insurance.

Send check for **\$275.00 + \$48.00 for Union College returning rowers and \$200.00 + \$48.00 for new (learn to row) rowers** payable to Scotia-Glenville Rowing Association, PO Box 2566, Glenville, NY 12302. **Dues are not refundable after the first week of practice.** Questions should be directed to Beverly Bulson, Phone: 399-9213 or Laurie Conlon 399-3567. A form for the purchase of uniforms, pictures, and other rowing apparel will be passed out the first week of practice. See attached letter for dates, times, and places for the fall season.

REGISTRATION INFORMATION:

Student's Name: _____

Address: _____ City/ Zip: _____

Home Phone: _____ Emergency Phone: _____

Date of Birth: _____ Grade: _____ Gender: _____

Have you passed a swim test (Red Cross, Scouts, etc.) or do you as a parent feel confident about your child's swimming ability? _____ (If "no," you will be required to pass a swim test)

Special medical instructions or needs (be specific as this is a highly aerobic activity). If in doubt, the family Doctor should be consulted:

In case of a medical emergency, it is understood that every effort will be made to contact parents or guardians of my child (named above). In the event a parent cannot be reached, permission is granted for emergency treatment to be given by the Scotia-Glenville Rowing Association, rescue squad, private physician, and/or hospital staff should it be necessary. I understand that any such action taken will be in the best interest of my child and will be reported to me at the earliest possible time. Further, I understand that individual health and accident insurance is the responsibility of the parent or guardian. The Scotia-Glenville Rowing Association maintains an EXCESS insurance policy.

Both Parents' Names (Please Print): _____

Parent's Occupation (Optional): _____

Or special talents (carpooling to races and practice, fundraising, coordinating travel, food, helping w/ races, etc. _____

Parent's Signature: _____ Date: _____

**THE APPLICATION WILL NOT BE ACCEPTED UNLESS THE
WAIVER IS COMPLETED WITH PARENTAL SIGNATURE.
UNION FEE OF \$48.00 IS DUE BY 2/3/08. ALL MEMBERSHIP
MONEY IS DUE ON 3/6/08.**