

ALBANY ROWING CENTER
PO BOX 857 ALBANY, NY 12201-0857

Adult Rowing Membership Application

[Please mail completed application to: ARC Adult Registration at the above PO Box.]

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email address: _____

Emergency Contact: _____ Phone #: _____

Program: Check Program and season in which you are enrolling*:

Morning (5:30 – 7:00 am; Saturday at 7:00 am)

Spring

Evening (6:30 – 8:00 pm; Saturday at 7:00 am)

Summer

Fall

Full Time (5 days per week)

Part Time (3 days per week)

Volunteer Requirement:

I understand that I am required to contribute at least 8 hours per season in labor to Albany Rowing Center as a condition of my membership, including but not limited to scheduled work parties and other club-sponsored events. I also agree to participate in fundraising activities as required.

Signature

Date

Office Use Only

	Dues	Date Paid	Monthly	Date Paid	VRA	Date Paid	Punch
Spring							
Summer							
Fall							

Check # _____ Health Questionnaire _____ Waiver _____

* No refunds without medical excuse after the first two weeks. All refunds subject to a \$50 administrative fee as determined by the Board.

ALBANY ROWING CENTER ADULT HEALTH QUESTIONNAIRE

Rowing is a sport that requires a high level of physical fitness and stamina. The nature of the sport requires intense activity for sustained periods of time during practices and races. With this in mind:

1. Has your doctor ever said that you have a heart condition? ___ Yes ___ No
2. Do you suffer from pains, heaviness and/or pressure in your chest? ___ Yes ___ No
3. Do you have treated/untreated high blood pressure? Treated: ___ Yes ___ No
Untreated: ___ Yes ___ No
4. Do you ever faint or have spells of severe dizziness? ___ Yes ___ No
5. Has your doctor ever told you that you have a bone, joint or neurological problem that has been made worse or might be made worse with exercise? ___ Yes ___ No
6. Is there a good physical reason, not mentioned above, why you should not participate in an activity program even if you wanted to? ___ Yes ___ No
Explain:
7. Are you over age 65 and unaccustomed to vigorous exercise? ___ Yes ___ No
8. Can you swim? ___ Yes ___ No
9. Date of last tetanus shot: _____

I, for myself, my personal representatives, assigns, next of kin, heirs, executors and administrators, affirm that the information that I have given above with respect to my health is accurate to the best of my knowledge. I understand and accept that I should have a thorough physical examination by my doctor before engaging in this sport.

Signature

Date