



Peachtree City Rowing Club Membership Application

Please complete all sections of this application and sign at the bottom where indicated. Send completed applications with a signed waiver and payment to:

Peachtree City Rowing Club
Attn: Membership
232 Smokerise Trace
Peachtree City, GA 30269

If you have any questions, please send an email to rowptc@gmail.com.

APPLICANT INFORMATION

Date:

Name:

Date of Birth:

Street Address:

Telephone:

City, State, ZIP:

Email Address:

Graduate of LEARN TO ROW Class: Yes No

Occupation:

Previous Rowing Experience (e.g., school/club/elite, number of years, scull/sweep, port/starboard/cox):

FAMILY MEMBERSHIP

If applying for family membership, please complete this section of the application.

Name:

Date of Birth:

Name:

Date of Birth:

PTCRC Waiver

I hereby certify that I am competent in and on the water. In consideration for the use of PTCRC equipment and facilities and other privileges of membership, I forever release and hold harmless the Peachtree City Rowing Club and its members of any liability from any incident occurring in the use of club equipment or facilities and I hereby assume full responsibility for any injury or loss that I may sustain.

Applicant Signature:

Date:

Print Applicant Name: