

Oshkosh Dragonboat Club

Membership Form

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City / ST / Zip: _____ **Email:** _____

Are you a UWO student (circle): Yes No

Male Female

What is your level of experience?

None / Limited Beginner Novice Expert

What is your level of commitment?

Fun / Exercise Social Sport / Competitive

Would you be interested in additional training to be a steersperson? Yes No

Can you swim more than 50M? Yes No

Emergency Contact Info:

Name: _____ **Phone:** _____

Relation: _____

I realize that there is a risk of injury, possibly even serious injury or death from participating in the sport of dragonboat racing, but I am willing to accept this and participate completely at my own risk; and I agree to hold harmless the Oshkosh Dragonboat Club and its registered members from liability.

Signature: _____ **Date:** _____

Executive Board Use

Date Submitted: _____

Payment Submitted: Yes No

Payment Amount: _____