

W.C.C. Membership Form
Rower Information *(please fill out legibly and completely)*

Rower's Name: _____

Rower's Address: _____

City: _____ State: _____ Zip: _____

Rower's Home Phone: _____ Rower's Cell: _____

Rower's Email: _____

School: _____ Grade: _____

T-Shirt size: S M L XL _____ Birth Date: ___/___/___ Age: _____ Gender: M or F

Have you rowed before: Yes / No If Yes, What position? Port___ Starboard___ Coxswain___
Learn to Row___ Novice Team___ Varsity Team___

What other sports do you participate in?

I grant permission to WCC to share my e-mail address if another parent requests it.

X _____

Parent/Guardian Information *(please fill out legibly and completely)*

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Work #: _____ Mother's Work#: _____

Father's Email: _____

Mother's Email: _____

I give W.C.C. permission to use my child's picture in newspaper articles and on the WCC web page.

X _____

Responsible Parent/Guardian Signature

Dues: First year - \$530.00 Second year and beyond - \$610.00

Dues must be paid in full by February 2nd of rowing season.

Equipment Fund - \$100.00 or family max of \$150.00

Must be paid in full by March 31st of rowing season.