



Dragon Boat Team Associate Membership Application

First Name: _____ Last Name: _____

Nickname: _____

Address: _____

Gender: Male _____ Female _____

DOB: _____

Email address: _____

Phone (cell): _____ Phone (home): _____

For Seating Placement

Height: _____ Weight Range: (circle one) 110-140 140-170 170-200 over 200

Are you: Right Handed _____ Left Handed _____

Are you able to swim? YES _____ NO _____

Boating Experience: (circle all that apply)

Kayak Canoe Sail Power Other None

Athletic Goals: (circle all that apply)

Exercise Team Membership Social Racing Festivals Other _____

Areas of Interest: (circle all that apply)

Paddling Steering Team management Logistics Fundraising
Equipment Media Recruiting

Emergency Contact:

Name: _____

Phone: (cell) _____ Phone (home) _____

Relationship: _____

Name: _____

Phone : (cell) _____ Phone (home) _____

Relationship: _____

Have you ever been convicted of a felony? Yes _____ No _____

We agree to the terms and conditions of the SAYC Dragon Boat Team Associate Membership and Waiver and agree to abide by the Club Rules. Access to club facilities is permitted during dragon boat related activities.

Signature and date: _____