



Pocock Rowing Center

2010 Registration Forms

New Member Returning

Office Use
 QB
 GW
 XLS
 Code

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Gender: M F DOB (mm/dd/yyyy): _____ Day Phone: (____) _____

Email Address: _____ Eve/Cell Phone: (____) _____

Contact Preference: Email Phone US Rowing #: _____ Profession: _____

Affiliation: AMRC CMRC MRC PRC Men PRC Women High Performance* Unaffiliated

Payment Method Preference: Check Cash Credit Card (if credit card, please fill out the attached authorization form)

Committee: Management Juniors Events Development Finance Building and Grounds High Performance

*HP Team members, only pay program fee

2010 Membership/Program/Rack Dues/Fees

Membership Dues	Quarterly	w/Tax
- Full (24/7 Access, Boat Usage, Program Access)	\$156.25*	\$171.09
- Age Discount (≤ 25 years old)	\$87.50*	\$95.81
- Family Discount (Up to two adults per household)^	\$250.00*	\$273.75
- Fitness (Facility use only)	\$87.50*	\$95.81
- Locker (Optional)	\$18.00	<i>non-taxed</i>

Program Fees *(amounts are per quarter and not taxed)*

- PRC Women's Team: \$135 - Intermediates Program: \$120 - High Performance Team: \$225

- Restricted Boat Fee (required for PRC Men's and Women's Teams): \$60.00

Rack Fees <i>(not taxed)</i>	Yearly	Quarterly
- Single	\$340.00	\$85.00
- Double/Pair	\$599.00	\$149.75
- Single in Storage	\$205.00	\$51.25
- Double/Pair in Storage	\$360.00	\$90.00

^Note: Family membership covers full membership costs for adults and 10% off of Junior season dues for all members of a nuclear family.

**Tax added*

Your Membership Dues: \$

Your Program Fees: \$

Your Rack Fees: \$

Your Total: \$

If you were referred to the PRC by anyone please write their name below:

Terms and Conditions for Membership:

DUES AND FEES

The primary source of PRC funds are the membership dues and usage and program fees. The prompt payment of the dues and fees provide for the economic health of the organization. The club's fiscal year runs from January through December. All continuing membership dues and fees will be billed in December, and will be due January 31st. Members who chose to pay quarterly will be billed the month prior to the quarter-end.

All Payments are due upon receipt of invoice, and become delinquent on 30 days after the invoice date. If payment is delinquent after 30 days a \$10 or 5% of the invoice total (whichever is greater) late fee will be added to the invoice. If payment is 60 days overdue, another 5% will be added to the invoice and membership in addition to boat usage will be suspended until payment is received.

Membership dues, rack fees, locker fees, boat usage, program fees and all other assessments are set by the Management Committee during the budget process prior to the start of each fiscal year.

FEE BASICS

Memberships are yearly memberships. You may pay in one lump sum or quarterly. If you choose to pay in full at the beginning of the year for full membership, you will receive a 5% discount, lowering the price to \$593.75 + tax.

Note: If you choose to pay quarterly you are still agreeing to pay for the full year.

PRORATING POLICY FOR MID-YEAR MEMBERSHIP AND PROGRAMMING

If you join the center or join a program or team mid-year or mid-quarter, we will prorate the cost of that program to the nearest month.

PAYMENT METHODS

Payment can be made by cash, check, or VISA/Mastercard. If you prefer, you may put a credit card on file to be charged automatically each quarter. These cards will be charged on the 7th day of each quarter or the next business day if the 7th falls on a weekend or holiday.

REFUNDS OF DUES AND FEES

A member may request a refund of dues for any reason. The amount of the refund will be based on the following guidelines:

- * For members who paid annual dues or rack, locker, or boat usage fees by January 31st:
 - 50% refund if the request is received before April 30th
 - 25% refund if the request is received before May 31st
 - 0% refund if the request is received after May 31st
- * For members who paid quarterly or prorated dues or rack, locker, or boat usage fees:
 - 0% refund

Membership Dues refunds will be granted with the understanding that the member is resigning from membership and will immediately vacate assigned rack space(s) and locker(s). Anyone wishing to re-join the club who has resigned under these circumstances will be subject to all the procedures and fees applicable to any prospective new member.

MEMBER REINSTATEMENT FEE

To cover administrative costs related to reprocessing members, a \$100 reinstatement fee is required for all members who are rejoining the club after choosing to cancel membership at a previous time.

REFUNDS OF PROGRAM FEES

All users of the PRC are Members of the PRC, including participants in seasonal rowing or fitness programs. A member may request a refund of program fees for any reason, however because program costs are 'front-loaded', i.e. purchases and staffing commitments are made in advance, there may be no refund or a limited refund:

- * Programs run by Members such as the PRC Masters Men or any of the Private Clubs set their own program fees and refund policies;
- * Programs run by the PRC such as the PRC Junior or Masters Women's program, PRC based fitness programs, or PRC based Camps will observe the following guidelines:
 - Program Fees are due and payable at the start of the program or season.
 - Participants who commit to participation, but do not pay in advance, are never the less, obligated as if they had paid in advance.
 - Cancellations & requests for refunds received at least one week prior to the start of the program will receive 100% refund unless stated otherwise in registration materials;
 - Cancellations & requests for refunds received after the start of a program, but within one (1) week of the start of the program may receive a 50% refund unless a program specific cost policy that modifies the cancellation request period is included in the registration materials;
 - Cancellations & requests for refunds received after the start of a program, but after one (1) week of the start of the program will receive no (a 0%) refund unless a program specific cost policy that increases the cancellation request period is included in the registration materials;

Program refunds will be granted with the understanding that the participant is withdrawing from the program, however depending on the circumstances and the desires of the participant, a time-limited credit for participation in a different or subsequent session of a program may be granted by the Director for an amount greater than the amount specified in the refund policy.

ALTERNATIVE PAYMENT OPTIONS

If you require alternate means for payment, please contact the office to discuss specific individual payment options.

CHANGING MEMBERSHIP

To change your billing (dropping or adding rack spaces or program and/or usage fees) we must receive the request 10 days before the end of the quarter or you will be charged for half of the next quarter.

NEW MEMBER REFERRAL INCENTIVES

Any member who refers a new member to the center will receive 10% of that new member's total membership payments for the year as a credit towards their following year's membership dues. There is no limit to the number of referral credits you can receive.

I have read and understand these terms and conditions and agree to abide by them.

Name: _____

Signature: _____ Date: _____

PRC Credit Card Authorization Form 2010

Please fill this form out if you would like your 2010 invoices charged to your credit card.

or if you would like to use your card on file please check this box:

(If paying by check or cash, you do not need to fill out this form)

Name of Member: _____

Name (as it appears on card): _____

Card number: _____ 3 Digit Security Code: _____

Exp. Date (mo/yr): _____ MASTER CARD or VISA only

Please check to make sure your expiration date is current

What is your billing preference: YEARLY QUARTERLY

Signature: _____ Date: _____

Your credit card will be charged on the 7th of the first month of each quarter. (Jan 7th, April 7th, July 7th, and Oct 7th)

Is the billing address for this card the same as listed in Step 1? YES NO

If No, please provide us with the billing address:

Street: _____

City: _____ State: ____ Zip Code: _____



Assumption of Risk, Liability, Release, and Indemnity Agreement

I recognize that participation in the sport of rowing at the George Pocock Memorial Rowing Center (GPMRC) involves hazards to me including, but not limited to drowning, collision with other boats, contusions or concussions, hypothermia, sunburn, back strain, and other personal injuries. I hereby personally assume all risks, whether foreseen or unforeseen, for any harm, injury, loss, or damage in connection with the use of GPMRC that might befall me as a result of my participation.

I agree to defend, hold harmless, indemnify, and release PRC and the George Pocock Rowing Foundation (GPRF), its officers, directors, employees, and agents from any and all claims, damages, or losses by me or my family, heirs, or assigns, arising out of my use of PRC, even if caused solely by the negligence of the PRC, the GPRF, its officers, directors, employees, and agents.

Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by me. I promise to pay for all costs involved within 30 days upon presentation of a statement.

I understand this agreement is a contract and shall remain in effect for the duration of my participation and use of GPRF and shall continue thereafter as to any occurrence during my participation and use of PRC. This agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors.

I have fully informed myself of the contents of this Assumption of Risk, Liability Release, and Indemnity Agreement by reading before signing it.

Printed name of participant: _____

Address: _____
Street State Zip

Phone: _____

Email: _____

Participant's Signature: _____ Date: _____

(only if 18 or over, if under 18, parent/guardian must sign)

USRowing Release of Liability

ALL USROWING MEMBERS MUST read, sign and submit the Annual Release of Liability form. Failure to do so may invalidate your membership. When registering online, you MUST sign the Annual Release of Liability document and forward to USRowing by mail at: USRowing at 2 Wall Street, Princeton, NJ 08540, or fax to (609)924-1578

IN CONSIDERATION of being given the opportunity to participate in any USRowing activity, including scheduled, supervised club activities, and registered regattas, until the end of this calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of USRowing and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant/USRowing #:

_____ # _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Date: _____

Participant's Signature:

Parental Consent (if participant is under the age of 18).

AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

City _____ State _____ Zip _____

Phone: _____ Date: _____

Parent/Guardian Signature (only if participant is under the age of 18):



Swim / Float Test

All prospective rowing participants must pass a Swim / Float test prior to using any equipment provided by the Pocock Rowing Center or participating in any Pocock Rowing Center programs.

The Swim / Float test consists of keeping afloat for ten minutes without touching the sides or bottom of the pool, and without receiving assistance of any kind from an object or another person. You must also be wearing long pants and a long sleeve shirt while undergoing this test.

The certified Lifeguard or Water Safety Instructor (WSI) must complete the information below:

Information below to be filled out by a certified Lifeguard / Water Safety Instructor only

I, _____

a certified lifeguard / water safety instructor at the _____

pool do hereby certify that _____

remained afloat under his/her own power for ten minutes without touching

the sides or bottom of the pool, and without receiving assistance of any kind

from any object or person.

Date: _____

Signature: _____

Pool Schedule

This is a list of pools in Seattle you can use to acquire your swim/float test. Other cities also have accredited pools.

Pools semi-regularly change hours, so please call ahead to verify times. Identification is required.

You must float, tread water, or swim in place for ten minutes, in deep water while wearing long pants and a long sleeved shirt. In the final minute of the test you must put on a life vest while continuing to tread water. Fees are

\$3.75/adults and \$2.75 for 18 years and younger.

Ballard - 1471 NW 67th St. – 206-684-4094

M-F 12:00pm-1:15pm & 1:30-2:50pm

M/W 8:30pm-9:30pm

T 7:30pm-8:30pm

W 6:30pm-7:30pm

F 7:00pm-8:00pm

Sun 2:00pm-3:00pm

Evans - 7201 E. Greenlake Dr. N – 206-684-4961

M-Sat 1:30pm-2:30pm

T/Th/F 7:00pm-8:00pm

Sat 3:30pm-4:30pm

Helene Madison - 13401 Meridian Ave. N – 206-684-4979

M-F 2:00pm-3:30pm

M/W 7:30pm-8:30pm

F 7:00pm-8:00pm

Sun 1:00pm-2:00pm

Meadowbrook - 10515 35th Ave. NE – 206-684-4989

M-Sat 1:30pm-3:00pm

M 7:30pm-8:00pm

M/F 10:00am-11:00am

T/Th 7:00pm-8:00pm

F 4:00pm-5:00pm & 7:30pm-8:30pm

Sat 9:30am-10:30am & 1:30pm-3:00pm & 4:30pm-5:30pm

Queen Anne - 1920 1st Ave. W – 206-386-4282

Everyday 1:30pm-2:45pm

T/Th 8:00pm-8:30pm

F 7:00pm-8:00pm

Sat 10:00am-11:00am & 3:30pm-4:30pm

Rainier Beach - 8825 Rainier Ave. S. – 206-386-1944

M/W 6:30pm-7:30pm

M/F 10:00am-11:00am

F 5:30pm-7:00pm

Sat 1:30pm-3:30pm

Sun 2:30pm-4:30pm

Southwest - 2801 SW Thistle – 206-684-7440

Call for times.

