

WATERBOARD WARRIORS, INC.

Boy Scout Explorer Post #9853
P.O. Box 11532 – Green Bay, WI 54307-1532 Phone 920-468-1967

2011 Membership Form

- Supporting Member/Non skier \$0
- First Time Member \$75/first year
- Single Skier \$175/year
- Family Plan \$650/year
(Family Plan includes children 18 years or younger)

All members, skiers and non-skiers must pay their own USA Water Ski and WWSF dues directly to those associations. No one will be allowed to participate in any type of practice or shows until proof of insurance payment has been provided to the Safety Director. NO EXCEPTIONS will be made. Out of the club dues, Wisconsin Water Ski Federation and Boy Scout dues will be paid. The club accepts members under the age of 14, but they will not be covered under the Explorer Post's insurance. Only USA Water Ski Insurance Active Members and WWSF Active Members will be allowed in any club boats or on club docks.

Members Full Name _____ DOB _____ Age _____
Email Address _____ Shirt Size _____
Home Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Cell Phone _____
Emergency Contact _____ Emergency Contact Phone _____

Emergency Medical Attention Authorization: If I am unable to authorize medical attention for myself, I agree to let a club member (over age 18) authorize medical attention for me. Please list any medical problems and medication that might affect medical treatment.

Nature of problem _____ No medical problems ____ (check if none)

Release and Waiver: I agree to take full responsibility for myself in both skiing and non-skiing activities. In signing this release for myself, and/or family members (including children under the age of 18), I understand the intent of the release and agree to absolve Waterboard Warriors, Inc. club members, sponsors, officers, and organizers of all blame for injury, harm, misadventure, loss or inconvenience suffered as a result of taking part in all activities.

MUST CHECK ONE BOX

- I agree to fulfilling my fund-raising requirement of \$250/yr per member or \$600/yr per family
- I waive my fund-raising requirements and plan on donating an additional \$100/yr per member

Member's signature _____ Date _____

Parent's signature (if member under 18) _____ Date _____

Please make checks payable to Waterboard Warriors and turn into club Secretary, Shelly Murphy.