



c/o Three Rivers Rowing Association, 300 Waterfront Dr., Pittsburgh, PA 15222
www.pittsburghpaddlefish.org

MEMBERSHIP APPLICATION

Name: _____

Address: _____

Date of Birth: Month ____ Day ____ Year (optional) ____

Telephone: _____ E-Mail Address _____

Home _____

Cell _____

Work _____

Emergency Contact: _____ Telephone: _____

REPRESENTATIONS

I am applying for membership as a member of the Pittsburgh Paddlefish, a dragon boat team. I agree to abide by all Paddlefish Member Rules and Responsibilities as they may from time to time be adopted. These Paddlefish Member Rules and Responsibilities, a copy of which is attached to this application along with a copy of the Pittsburgh Paddlefish By-Laws, are the basis for my continued team membership.

1. I have ____ have not ____ taken the Three Rivers Rowing Association Swim test.
2. I am ____ am not ____ certified for First Aid
3. I am ____ am not ____ certified in CPR
4. I am ____ am not ____ certified in use of an AED
5. I do ____ do not ____ have medical training

A positive response to items #2 -#5 will indicate that you may be willing to assist during an emergency situation.

I am ____ am not ____ willing to steer/learn to steer a Dragon Boat.

Enclosed is evidence of payment of my Three Rivers Rowing Association dues.

Applicant

Date

Approved _____ Date _____
Paddlefish Membership/Recruiting Coordinator