

DCYRA Supporting Member Registration (2023)

Interests, Contribution & Liability Release

Thank you for your interest in becoming a DCYRA supporting member. Please complete the application below.

Supporting members include crew, patrol, race committee, and other volunteers who actively support DCYRA's sailing programs.

Your application submittal indicates that you support DCYRA's mission and that you will follow the by-laws and policies of the DCYRA.

All supporting memberships are effective for 1 year.

Supporting members have different rights than active members that register to compete in DCYRA's racing program. Specifically, supporting members:

Cannot vote in elections for Directors or for any proposals submitted to the membership approval.

May be elected to DCYRA's board having all of the voting privileges of a director.

There are no membership dues or fees for DCYRA supporting members.

DCYRA's mission is to promote and conduct sail boat racing and regattas on Deep Creek Lake, on a non-profit basis. There are 3 programs within this mission:

Racing Program

Sailing Development Program

Sailing Promotion Program

Supporting Member Name *

First Name Last Name

Phone Number *

Cellphones preferred.

Email *

example@example.com

I am interested in supporting the DCYRA by volunteering for (check all that apply): *

Patrol

Race Committee

Regatta Support

Race Crew

Do you wish to make an additional contribution to the DCYRA racing program? *

Please enter the \$ dollar amount you wish to contribute - thank you!!

Numbers only (no \$)

LIABILITY RELEASE

To the fullest extent permitted by law, I hereby waive any rights I may have to sue DCYRA, (race committee, protest committee, host club, sponsors, or any other organization or official) involved with any of DCYRA's events with respect to personal injury or property damage suffered by myself or my crew as a result of my volunteer support and participation in DCYRA's events and hereby release DCYRA from any liability for such injury or damage.

I am 18 years of age or older: *

Yes

No

Parent/Guardian's Name

First Name

Last Name

Parent's/Guardian's Email

example@example.com

Payment Processing