

River City Radio Controllers (RCRC) 2022 Membership Application

Please Print Clearly		
Name:		AMA#
Address:		
City – State – Zip C	Code:	
E-Mail address:	Occupation:	
Home Phone:	Cell Pho	one:
nember information to any outsi		PCRC. RCRC does not sell, loan or give access to el Aeronautics (AMA) good into 2022.
Please note FAA ID:	FAA Expiration	
Trust Test Authentication T	oken #	
Then use the pay button to n	nake membership payment.	fill out form and email to <u>rcrcky@gmail.com</u> .
Paying by Pa	yPal will cost Junior members \$3 ext	tra & Adult members \$4 extra
Check one: Paid By Casl	n Paid By Check	Paid by PayPal
lember	\$80.00 per calendar year	1-1-22 thru 12-31-22
unior Member under age 18)	\$20.00 per calendar year	1-1-22 thru 12-31-22

Checks should be made payable to: River City Radio Controllers

Send completed application to: River City Radio Controllers

P.O. Box 99356

Louisville, KY 40269

WAIVER OF LIABILITY

In consideration of the permission of the Commonwealth of Kentucky, Department of Parks for the use of the model aircraft flying site located at E.P. "Tom" Sawyer State Resort Park, Louisville, Kentucky, I hereby for myself, my heirs, executors and administrators, do release and discharge The Commonwealth of Kentucky, Department of Parks and employees and agent thereof, of any damages, demands, or actions in any manner arising or growing out of my use of the aforementioned premises. I attest and verify that I have full knowledge of the risks involved in flying model aircraft. I agree prior to participation in any event that I will inspect the facilities and if I believe anything is unsafe, I will immediately advise the Officers of the River City Radio Control Club and refuse to participate.

I have read and agree to abide by the RCRC and E.P. "Tom" Sawyer State Park safety rules.

Annlicant - Complete this section.

ippiicum compicie in	B Section:	
Printed Name:	AMA#	
Signature :	Date:	
0 11	18, parent or legal guardian must complete this section have a legal guardian present at the field while flying. NO DROP OFFS.	 1:
Parent/Guardian Printed Name:		
Signature:	Date:	
	nergency Contact Information	

Lifetime members are required to complete an application/waiver annually to provide current contact information; fulfill the park's waiver requirement and to acknowledge acceptance of the club's safety rules.