



**River City Radio Controllers (RCRC)  
2024 Membership Application**

*Please Print Clearly*

<b>Name:</b>	<b>AMA#</b>
<b>Address:</b>	
<b>City – State – Zip Code:</b>	
<b>E-Mail address:</b>	<b>Occupation:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>

*Privacy statement: Contact information may be shared with other members of RCRC. RCRC does not sell, loan or give access to member information to any outside parties.*

*All RCRC members must be a current member in the Academy of Model Aeronautics (AMA) good into 2024.*

**Must have FAA ID:** \_\_\_\_\_ **FAA Expiration** \_\_\_\_\_

**Must have TRUST Certificate number required by AMA** \_\_\_\_\_

**REQUIREMENTS:**

**FAA ID:** The number must be attached to the outside of each aircraft.

**AMA ID:** The number must be either easily accessible inside or outside of each aircraft. Pilot's name, address or phone number are optional but could aid in returning a lost aircraft.

**NOTE:** If using PayPal (rcrcy.com) download application (PDF), fill out form and email to [rcrcy@gmail.com](mailto:rcrcy@gmail.com). Then use the pay button to make membership payment.

*Paying by PayPal will cost Junior members \$3 extra & Adult members \$4 extra*

**Check one:** Paid By Cash \_\_\_\_\_ Paid By Check \_\_\_\_\_ Paid by PayPal \_\_\_\_\_

Member	\$80.00 per calendar year	1-1-24 thru 12-31-24
Junior Member (under age 18)	\$20.00 per calendar year	1-1-24 thru 12-31-24

**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, AMA Safety Handbook and Federal laws pertaining to operating model aircraft.***

***Applicant - Complete this section:***

Printed Name:	AMA#
Signature:	Date:

***If the applicant is under 18, parent or legal guardian must complete this section:  
Junior Members must have a legal guardian present at the field while flying.  
NO DROP OFFS.***

Parent/Guardian Printed Name:
Signature: <span style="float: right;">Date:</span>

## Emergency Contact Information

Contact : \_\_\_\_\_ Phone Number \_\_\_\_\_

**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.