

Registration Form

Rower Information

Name _____ D.O.B _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail address _____

School _____ Current Grade _____ Years Rowing _____

Parent/Guardian Information

Mothers Name _____ Cell Phone (_____) _____

E-mail address _____

Fathers Name _____ Cell Phone (_____) _____

E-mail address _____

Medical Insurance Information

Company _____ Policy Number _____

Phone _____ Group Number _____

Family Physician _____ Phone Number _____

Please check the program that you are interested in

High School Competitive Program

Middle School Technical Program

All fees are NON-REFUNDABLE. Mail check payable to South Jersey Rowing Club to above address.

I hereby give permission for my son/daughter to participate in the activity of rowing with South Jersey Rowing Club. In the event of an emergency, I authorize the coaching staff to seek care by a licensed physician or emergency medical personnel.

Signature of Parent or Guardian

Date