



**JUNIOR LEARN TO ROW FORM
FALL 2022
AUGUST 22 - NOVEMBER 4**

First Name _____ Middle Name _____

Last Name _____ Age _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Rower's cell phone _____

Rower's email _____ Parent's Names _____

Mother's Cell _____ Father's cell _____

Mother's email _____ Father's email _____

School name _____ Year 8th__9th__10Th__11th__12th__

Fees: Learn to Row Monday, Wednesday, Friday _____ \$800.00

Time: 3:30pm- 5:30pm

I confirm my child can swim 100 feet in light clothing: Yes/No

Signature: _____

I give permission for my child to participate in the GMS Rowing Program.

Signature (Parent or Guardian) _____

PAYMENT (Check or Cash) This is non refundable ,payable to GMS Rowing Center.

**Mailing Address: PO Box 1647 New Milford, CT 06776
Boathouse: 172 Grove St. New Milford, CT 06776
860-350-4004 www.gmsrow.com**