



**JUNIOR REGISTRATION FORM  
SPRING 2022  
MARCH 7th - JUNE 3rd**

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 9th \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th \_\_\_

**Fees:** *Elite Racing* Monday-Saturday \_\_\_\_\_ \$1100.00

*Competitive Racing* Mon/Tues/Thurs/Fri \_\_\_\_\_ \$950.00

**Time:** 3:30pm- 5:30pm

**Additional Fees:**

Regattas- To be charged separately.

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](http://www.gmsrow.com)**