



Adult Novice May 2022

Name _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Dates: ___ Wednesday's at 9am or
___ Wednesday's at 6pm
___ May 4th-May 25th

Class size of 4 participants are needed

Fee: 4 weeks. \$140

Declaration of Health

I confirm that I do not suffer from any known medical or physical condition that might affect me during physical exercise. **Yes/No**

I confirm that I can swim 100 feet in light clothing. Yes/No

Signature: _____ **Date** _____

Sneakers,, non-disposable water bottle,
tight fitting clothing and layers

PAYMENT (Cash or Check) - Payable to GMS Rowing Center.

In the event of weather or that you are running late or can't attend please contact me at 860-488-6400.

Coach Linda

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