



**JUNIOR LEARN TO ROW/NOVICE FORM
(NEW TO GMS)
SPRING 2023
APRIL 24th - JUNE 2nd**

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 _____ \$450.00
Novice- Monday, Tuesday, Wednesday, Friday _____ \$600.00

Time: 3:45pm- 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 nonrefundable, 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**