



**JUNIOR REGISTRATION FORM  
SPRING 2024  
MARCH 4th – MAY 31**

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 8<sup>th</sup> \_\_\_ 9th \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th \_\_\_

**Fees:** 5+ days Monday-Friday (some Saturdays) \_\_\_\_\_ \$1150.00

4 days Mon/Tues/Wed/Fri \_\_\_\_\_ \$1000.00

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