



**JUNIOR REGISTRATION FORM
SUMMER 2024
JUNE 10th-AUGUST 9th**

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	5+ days	Monday-Friday (Some Saturdays)	_____ \$1150.00
	4 days	Mon/Tues/Wed/Fri	_____ \$1000.00

Time: 3:30pm-5:30pm
7:30am-9:30am by invitation only

Additional Fees:
Regattas- To be charged separately.

I confirm that 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**