



Adult Learn to Row MAY 2024

Name _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Dates: ___ Monday's at 10:30 am 5/6, 5/13, 5/20 (3 weeks @ \$105)

___ Wednesday's at 6pm 5/1, 5/8, 5/15, 5/22 (4 weeks @\$140)

Class size of 4 participants is required to run each session.

Fee: 3 weeks \$105, 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

I confirm that I can lift 40 pounds. Yes/No

Signature: _____ **Date** _____

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

PAYMENT (Cash or Check) - 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 email gmsrowing@gmail.com