



**JUNIOR REGISTRATION FORM
FALL 2024
AUGUST 26th–NOVEMBER 1st**

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: 3:30-5:30pm

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
(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**