



## Adult Learn to Row Level 1 June 2025

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Dates:** Wednesdays-June 4, June 11, June 18, June 25

**Time:** 6:00pm-7:30pm

Each session requires a minimum of 4 participants.

**Fee:** 4 weeks. \$150

### **Declaration of Health**

I hereby confirm that I do not suffer from any known medical or physical condition that might affect me during physical exercise. **Yes/No**

I hereby confirm that I can swim 100 feet in light clothing. **Yes/No**

I hereby confirm my ability to lift 40 pounds. **Yes/No**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Wear/Bring-** Sneakers, tight fitting clothing and layers and a non-disposable water bottle.

**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](http://www.gmsrow.com) email [gmsrowing@gmail.com](mailto:gmsrowing@gmail.com)