JUNIOR REGISTRATION FORM
SUMMER 2025
JUNE 18 - AUGUST 8

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)**	**____$1200.00**
	4 days	**Mon/Tues/Wed/Thurs**	**____$1050.00**
	3 days	**Mon/Wed/Thurs**	**____$900.00**

***Time*: 7am- Advanced**
8am-Intermediate
9am-Learn to Row/Novice

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