



## JUNIOR LEARN TO ROW/NOVICE FORM

Summer 2026

June 8th - August 7th

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 7th \_\_\_ 8th \_\_\_ 9th \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th \_\_\_

**Fees**   Learn to Row- Monday, Wednesday, Friday     \_\_\_ \$900.00  
Novice- Monday/Tuesday/ Wednesday/Thursday     \_\_\_ \$1050.00

**Time:** Mornings-time TBA

I confirm my child can swim 100 feet in light clothing: Yes/No

Signature (Parent or Guardian) \_\_\_\_\_

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](http://www.gmsrow.com)