



**Junior Learn to Row/Novice
REGISTRATION FORM Fall 2026
AUGUST 24th – NOVEMBER 6th**

First Name _____ Last Name _____

Age _____ Birthdate _____

Street Address _____ City _____

State _____ Zip _____ Rower's cell phone _____

Rower's email _____

Parent's Names _____

Mother's Cell _____ Mother's email: _____

Father's cell _____ Father's email _____

School name: _____ Year 8th__9th__10th__11th__12th__

Fees: 3 days Mon/ Wed/ Fri **\$900.00**

Practice Time: Novice and Learn-to-row: 3:30-5:30

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. Please return this form with payment the first week of fall session

Mailing Address: PO Box 1647 New Milford, CT 06776
Boathouse: 172 Grove St. New Milford, CT 06776
860-350-4004 www.gmsrow.com