JUNIOR 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: 5+ days Mon-Fri (Some Saturdays) ____$1250.00
4 days Mon/Tues/Thurs/Fri ____$1050.00

Additional Fees: *Regattas- To be charged separately*.

Practice Time: **Varsity and Intermediate rowers: 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