



**JUNIOR REGISTRATION FORM  
FALL 2021  
AUGUST 23-NOVEMBER 5**

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 \_\_\_

<i>Fees</i>	<i>Elite Racing</i>	Monday-Saturday	___ \$1100.00
	<i>Competitive Racing</i>	Mon/Tues/Thurs/Fri	___ \$950.00

*Time:* 3:30-5:30pm

**Additional Fees:**

Regattas- To be charged separately.

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

Signature: \_\_\_\_\_

I give permission for my child to participate in the GMS Rowing Program.

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

**PAYMENT (Cash OR Check) - This is non refundable, 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)**