



**JUNIOR REGISTRATION FORM
SPRING 2021
MARCH 8th - JUNE 4th**

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 Senior-Junior-Sophomore-Freshman

Fees: *Elite Racing* Monday-Saturday _____ \$1100.00

Competitive Racing Mon/Tues/Thurs/Fri _____ \$950.00

Time: 3:30pm- 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**