



Adult Novice 2024

Name _____ Age _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Dates: ___ Evening class is on Monday's at 6pm.

Class size of 4 participants is required to run each session.

Fee: 4 weeks. \$140

Declaration of Health

I confirm that I do not suffer from any known medical or physical condition that might affect me during physical exercise. **Yes/No**

I confirm that I can swim 100 feet in light clothing. **Yes/No**

Signature: _____ Date _____

Sneakers,, non-disposable water bottle,
tight fitting clothing and layers

PAYMENT (Cash or Check) - 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 email gmsrowing@gmail.com