



**JUNIOR LEARN TO ROW FORM  
FALL 2024  
AUGUST 26th - NOVEMBER 1st**

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\_\_

*Fees:* Learn to Row - Monday, Wednesday, Friday \_\_\_\_\_ \$850.00

Novice- Mon/Tues/Wed/Fri \_\_\_\_\_ \$1000.00

*Time:* 3:45pm- 5:30pm

I confirm 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 (Cash OR Check) This is nonrefundable, 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)**