



**JUNIOR LEARN TO ROW
2025
MARCH 1 – JUNE 8**

First Name _____ Middle _____

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 7th ___ 8th ___ 9th ___ 10Th ___ 11th ___ 12th ___

Fees: Monday/Wednesday/Friday _____ \$900

Time: 3:45pm- 5:30pm

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

Signature (Parent or Guardian) _____

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.

Mailing Address: PO Box 1647 New Milford, CT 06776

Boathouse: 172 Grove St. New Milford, CT 06776

860-350-4004 www.gmsrow.com