



**JUNIOR REGISTRATION FORM**  
**WINTER 2025/2026**  
**NOV. 10, 2025 - MARCH 7, 2026**

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 7<sup>th</sup> \_\_\_ 8th \_\_\_ 9th \_\_\_ 10th \_\_\_ 11th \_\_\_ 12th \_\_\_

<i>Fees</i>	5+ days	Monday-Friday (Some Saturdays)	___\$12000.00
	4 days	Days TBD	___ \$1050.00
	3 days	Days TBD	___\$900.00

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

**Additional Fees:**

Regattas- To be charged separately.

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 (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)**