

Paid \$ _____

Check # _____

Date _____

Maritime Rowing Club 2018 SUMMER CAMP Registration Form

Rower's Name _____

Address _____ City: _____ State: ___ Zip: _____

Age: _____ Grade: _____ Date of Birth: _____

Guardian's Name _____ (wk /cell) _____

Email:

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Emergency Contact Name: _____

Phone (home and cell) _____

Please indicate any medical conditions _____

RECREATIONAL (CIRCLE ONE) Please indicate your weeks and times (one session per day):

\$2,200 FOR ENTIRE SUMMER (must sign up for all sessions at one time to receive the discounted prices below)

			9-11am	or	3-5 pm
\$260	1 week session	June 11 - June 16	_____		_____
\$500	2 week session	June 18 - June 22	_____		_____
\$760	3 week session	June 25 - June 29	_____		_____
\$1,000	4 week session	July 02 - July 06	_____		_____
\$1,260	5 week session	July 09 - July 13	_____		_____
\$1,520	6 week session	July 16 - July 20	_____		_____
\$1,780	7 week session	July 23 - July 27	_____		_____
\$2,000	8 week session	July 30 - Aug 03	_____		_____
\$2,200	9 week session	Aug 06 - Aug 10	_____		_____

A complete application includes the registration, waiver, an emergency medical, and signed junior rules and procedures in addition to a check for payment.

Make checks payable to: **WATER SPORTS CENTER, INC.**

Complete and mail to: Water Sports Center Inc., 35 Seaview Ave, Norwalk, CT 06855 or drop it off at the boathouse: Water Sports Center, 11 Goldstein Place, Norwalk, CT 06855.

Water Sports Center is a member of and is fully licensed by the US Rowing Association.

CALL OR EMAIL FOR ALL CAMP INFO:

203-854-5492(BOATHOUSE)

MARITIMEROWING@SBCGLOBAL.NET

****THERE ARE NO REFUNDS ONCE THE PROGRAM HAS BEGUN****

I certify that I, or my minor rower, is a competent swimmer and has passed basic swimming proficiency tests given by the American Red Cross, YMCA, or other similar organization.

Signature of Rower

Signature of Parent or Guardian