

HALIFAX ROWING ASSOCIATION

Summer Youth Rowing Program Registration Form

1. Personal Information

Name _____

Address _____

City, State, Zip _____

Date of Birth _____

School _____ Grade (Fall 2011) _____

Telephone (home) _____ (cell) _____

Student Email _____

Parent Email _____

Parent Telephone (day) _____ (cell) _____

2. Program

Description: Participants will learn about the fundamentals of the sport and basic rowing techniques, as well as water safety, both on and off the water. Participants will spend time under the supervision and instruction of their coaches on the indoor rowing machines and out on the water. For youth ages 12 -18 who want to learn the basics and have fun rowing.

Youth Sweep - June 13, 2011 – July 22, 2011 (seats are limited; minimum 10 participants)

Time: 8:00 am – 10:00 am

Schedule: Monday, Tuesday, Wednesday, Thursday, Friday

Eligibility: No experience needed; must be able to swim 100 meters and tread water for 2 minutes.

Fee: \$300

3. Certification

As the parent of the above named student, I certify that he or she can swim 100 meters and tread water for 2 minutes, and is in good physical health and that strenuous exercise will in no way endanger my son's or daughter's health. (Please discuss any medical conditions with the coach)

I certify to the accuracy of the information provided above and I have read and agree to the terms of the HRA Release and Waiver attached to this form.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Participant is granted temporary club membership, valid for the duration of the above registered program. Temporary membership is limited to participation in said program, during program times/schedule under the supervision of the program coach(es). Program fees will not be pro-rated for missed days, nor will refunds be given after the first week.

Official use:	Payment Method:	Cash: _____	Check #: _____	CC: _____	Total Paid: _____
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