



South Jersey Rowing Club

PO Box 442, Mt. Laurel, NJ 08054

www.southjerseyrowing.org

Registration Form

Rower information

Name _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____

E-mail address _____

School _____ Current Grade _____ Years Rowing _____

Parent/Guardian Information

Parent's Name _____ Cell Phone _____

E-mail address _____

Parent's Name _____ Cell Phone _____

E-mail address _____

Medical Insurance Information

Company _____ Policy Number _____

Phone _____ Group Number _____

Family Physician _____ Phone Number _____

Please check the program that you are interested in

High School Competitive Program _____

Middle School Technical Program _____

All fees are NON-REFUNDABLE. Mail check payable to South Jersey Rowing Club to above address.

I hereby give permission for my son/daughter to participate in the activity of rowing with South Jersey Rowing Club. In the event of an emergency I authorize the coaching staff to seek care by a licensed physician or emergency medical personnel.

X

Signature of Parent or Guardian

X

Date