

2017 SUMMER ROWING CAMP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GENDER: M F D.O.B. \_\_\_\_\_

PARENT/GUAURDIAN: \_\_\_\_\_

Emergency Contact Information

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

SWIMMING ABILITY: POOR OKAY GOOD VERY GOOD EXCELLENT

PREVIOUS EXPERIENCE: \_\_\_\_\_

***I, the undersigned, hereby give permissions and approval for my son/daughter to participate in the 2017 Brockville Rowing Club Summer Camp Program. I release the Brockville Rowing Club Inc., its agents and employees from all liability with respect to any claim for loss or injuries however caused as a result of my child's participation in the Summer Rowing Camp Program.***

\_\_\_\_\_  
**Signature of Parent/Guardian**                      **Date**

**CAMP DATES** (please check)

	<b>Sweep Camp(am)</b>	<b>Sculling Camp(pm)</b>
July 3-7	_____	_____
July 10-14	_____	_____
July 17-21	_____	_____
July 24-28	_____	_____
	<b>Sculling Camp(am)</b>	<b>Sculling Camp(pm)</b>
July 31-4	_____	_____
Aug.14-18	_____	_____
Aug.21-25	_____	_____

Sweep Camp:  
1 week camp \$200  
2 week camp \$300

Sculling Camp:  
1 week camp \$300  
Additional weeks \$200 each.

Total: \_\_\_\_\_