

## Summer Rowing Camp Application

### Camper Information:

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

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

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

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

GENDER: M F

D.O.B: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

### 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 permission and approval for my son/daughter to participate in the 2019 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 OF SIGNATURE: \_\_\_\_\_

CAMP DATES (please write in ) \_\_\_\_\_

PRICES: 1 Week: \$260.00 Additional Weeks: \$200.00

TOTAL (\$): \_\_\_\_\_ PAYMENT METHOD: \_\_\_\_\_