

2019 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 check)

July 8th – 12th _____

July 15th – 19th _____

July 22nd – 26th _____

July 29th – August 2nd _____

PRICES:

1 Week: \$235.00

Additional Weeks: \$160.00

TOTAL (\$): _____

PAYMENT METHOD: _____