

Brattleboro Outing Club
LEARN to ROW CLINIC APPLICATION
2016

Name _____ Age if under 21 : _____

Mail Address _____

E-Mail _____ Telephone # _____

Emergency Contact Names: _____ Telephone# _____

Basic T- Shirt size _____

- **Participants must attend all sessions, pass the captain's test and view safety video to successfully complete clinic and be eligible to join the club and use club boats.**

Saturdays 9:00am- 11:00 am

Tues. and Thurs. 5:30 pm - 7:30 pm

Saturday 7/9

Tues. 7/12

Thurs. 7/14

Saturday 7/16

Tues. 7/19

Saturday 7/23

Thurs. 7/21

Please describe any previous rowing experience (Sweep, Scull, # of years):

Read and sign waiver;

- _____ I certify that I can swim to safety under prevailing conditions in which I choose to row.*
- _____ I certify that I am physically fit to participate in a rowing program.
- _____ I certify that I have read and signed the required release of liability waiver.
- _____ I agree that all statements made on this application are true.
- _____ I agree to read the RowBOC and PRC handbooks and abide by the club rules.

_____ Date _____
Signature

Parent signature (if applicant is under 18)

* Applicants must be able to swim. We reserve the right to require a swim test of any participant. Must sign page 2 waiver also. Mail in both pages with fee.

FEE: \$150.00 payable to Brattleboro Outing Club (memo: Learn to Row clinic)
Youth \$75.00

Mail or deliver check, this form and signed waiver to:
ROWBOC 125 Pine Street Brattleboro, VT 05301

