

LEARN TO ROW REGISTRATION FORM

NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE #'S HOME () _____ WORK () _____

CELL () _____ E-MAIL _____

Do you have any prior rowing experience? NO YES, please describe _____

How often do you exercise per week? 0-2 3-5 6+

What types of exercise do you enjoy? _____

How did you hear about our Learn To Row (LTR) program?

Friend Web Site Another rower Other _____

Do you know how to swim? NO YES

Do you have any past or present medical conditions/allergies that might impact your ability to row?
Please describe _____

In case of emergency call:

Name: _____

Telephone # _____

Relationship to you: _____

PLEASE SEND THIS COMPLETED FORM AND \$250 REGISTRATION FEE TO:
(payable to "Cincinnati Rowing Club")

CINCINNATI ROWING CLUB
C/O: MINDY HATFIELD
360 WOODSIDE DRIVE
BATAVIA, OHIO 45103

LEARN TO ROW WAIVER: I, _____, in consideration for the opportunity to participate in the Cincinnati Rowing Club's Learn to Row program as instructed by the CRC coaching staff and volunteer assistants, do hereby assume all risks for personal injury and property, losses and damage which may arise from my participation in the aforesaid program; and for myself, my heirs, administrators and assigns, do hereby release the Cincinnati Rowing Club and it's representatives, coaches, and any other individuals assisting in the Learn To Row program, their successors, assigns and duly appointed agents, from any and all claims which may arise from injury, losses and damages of whatever nature sustained by me in connection with such participation. I agree to abide by all rules for participation. I hereby attest and verify that I have full knowledge of the risks involved in this participation, that I assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

PRINT NAME _____ SIGNATURE _____ DATE _____