HULL LIFESAVING MUSEUM
South Shore Youth Rowing Registration SPRING 2019

ROWER INFORMATION:

Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____

Rower's Email: _____

Any medical conditions of which we should be aware while your child is rowing?

_____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____

Phone: _____ Alternate Phone: _____

Email: _____

Parent/Guardian 2: _____

Phone: _____ Alternate Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION (Someone other than a parent or guardian):

In Case of Emergency Please Contact: _____

Relationship to rower: _____

Contact Phone: _____ Alternate Phone: _____

PERMISSION:

I, _____, hereby give permission

for _____, my _____, to

participate in Hull Lifesaving Museum's South Shore Youth Rowing.

_____ _____ _____

Signature Relationship to child Date

The Hull Lifesaving Museum, its directors, officers, employees and volunteers are not responsible for any and all claims that may arise from or result in any expenses, personal injury, loss or damages incurred by participants in the South Shore Youth Rowing program. Photos taken of participants may be used by the Hull Lifesaving Museum for public relations purposes, i.e. newsletters, website, social media, and the like.

PAYMENT INFORMATION:

□ Check enclosed Check amount: $_____

□ Credit Card □ MasterCard □ Visa

Credit Card Number: _____ Expiration Date: _____

Card Holder's Signature: _____