

HULL LIFESAVING MUSEUM
South Shore Youth Rowing Registration FALL 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: _____