

HULL LIFESAVING MUSEUM

South Shore Youth Rowing Registration

PLEASE COMPLETE ALL INFORMATION

Summer 2017

Rower's Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Age: __ Date of Birth: _____

School: _____ Grade: _____

Parents' Names: _____

Work Phone (Mother): _____ Father: _____

Cell Phone (Mother): _____ Father: _____

In Case of Emergency Please Contact: _____

Relationship to rower: _____

Contact Phone: _____ Contact Cell #: _____

Participant's email address: PLEASE PRINT _____

Mother's email address: PLEASE PRINT _____

Father's email address: PLEASE PRINT _____

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

Check enclosed Check amount: \$ _____

Credit Card MasterCard Visa

Credit Card Number: _____ Expiration Date: ____

Card Holder's Signature: _____

(Mail registration with payment to: Hull Lifesaving Museum, PO Box 221, Hull, MA 02045)

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.