

AUGUSTA JUNIOR ROWING PROGRAM

SUMMER CAMP REGISTRATION

Registration Instructions: Registration form, waiver, and payment must be received by the start of camp. Paperwork may be emailed in advance to augustajuniors@gmail.com or mailed to Augusta Junior Rowing Club | c/o Jackie Crute | 1541 Whitney Street | Augusta, GA 30904.

CAMP SESSION

Session One: June 13-July 17 _____ Session Two: July 11-15 _____

ATHLETE INFORMATION (Please Print)

Athlete Name (first middle last) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____ T-Shirt Size _____

School _____ Rising Grade _____

PARENT / GUARDIAN INFORMATION (Please Print)

Mother (first middle last) _____

Work Phone _____ Cell Phone _____ Email _____

Father (first middle last) _____

Work Phone _____ Cell Phone _____ Email _____

PREFERRED CONTACT INFORMATION (to be used during the camp, if needed)

Name _____ Contact number(s) _____

MEDICAL INFORMATION

Allergies _____

Medications taken daily or routinely _____

Any existing medical conditions that we should be aware of _____

TO BE COMPLETED BY PARENT / GUARDIAN

The sport of rowing poses significant risks to the participant because most activities occur in, on, or around water. These risks include, but are not limited to, expected and unexpected immersion into cold water as a result of boat flipping, collisions with other boats, being involuntarily removed from a boat as a result of an oar's momentum ("crabbing"), falling off of docks, authorized and unauthorized swimming, changing weather conditions, or other occurrences.

Although all practices and regattas are supervised, from time to time a boat may be temporarily out of a coach's line of sight due an irregular shoreline, race day procedures, or other conditions. Therefore, a coach or launch may take from a few moments to several minutes to reach a boat or rower in need of assistance. Intended or accidental immersion into cold water can occur at any time. Participants must be competent swimmers for their safety. **I certify that my child is a competent swimmer and is able to meet the standards of the Augusta Junior Program Swim Test.**

Parent or Guardian's Signature: _____ Date: _____