



**Burnt Hills Rowing Association  
2011 Program for Masters Rowers**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMERGENCY PHONE:** \_\_\_\_\_

**EMAIL Address** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SEASON:** Spring \_\_\_\_\_ Summer \_\_\_\_\_ (Check One)

**SPECIAL MEDICAL INSTRUCTIONS OR NEEDS:**

\*Rowing is a highly aerobic exercise providing a FULL body workout. Consult your physician before embarking on any new sport or exercise.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_

**This Application requires a valid USRowing waiver on file.**