



**Burnt Hills Rowing Association
2011 Learn to Row Program**

NAME: _____

ADDRESS: _____ **CITY:** _____

HOME PHONE: _____ **EMERGENCY PHONE:** _____

EMAIL Address _____

DATE OF BIRTH: _____

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: _____

Application and fee due one week prior to start of session.

This Application requires a valid USRowing waiver on file.