2017 Adult Learn to Row

Masters Rowing

Burnt Hills Rowing Association

Name: _____

Address:_____

Home Phone:_____**EmergencyPhone:**_____

Email:_____

Date of Birth:_____

Special Medical Needs/Instructions:

_____

_____

*****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:_____ Date:_____

- **Registration, U.S. Rowing Waiver and Payment are due at the start of the first session.**
- **Sessions cancelled due to weather are not made up.**