

**2010 SUMMER ROWING CAMP APPLICATION**

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

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ (H) \_\_\_\_\_ (C)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

GENDER: M F D.O.B.: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

**Emergency Contact Information**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CAMPER: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

SWIMMING ABILITY: POOR OKAY GOOD VERY GOOD EXCELLENT

PREVIOUS SUMMER CAMP EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

*I, the undersigned, hereby give permission and approval for my son/daughter to participate in the 2010 Brockville Rowing Club Summer Camp Program. I release the Brockville Rowing Club Inc., its agents and employees from all liability with respect to any claim for loss or injuries however caused as a result of my child's participation in the Summer Rowing Camp Program.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**CAMP DATES**

**8:30 a.m. – 12:00 p.m. Monday to Friday**

	<b>Chosen Session</b>	<b>Amount Paid</b>
SESSION #1 (2 WEEKS) July 5 – July 16	_____	_____
SESSION #2 (2 WEEKS) July 19 – July 30	_____	_____
SESSION #3 (2 WEEKS) August 9 – August 20	_____	_____
		TOTAL \$ _____

**PLEASE MAKE CHEQUES PAYABLE TO THE BROCKVILLE ROWING CLUB.**

**\$260 FOR 2-WEEK SESSION**

**\$150 FOR WEEK ONLY**