Kenmore Rowing Club

Youth Learn-to-Row Registration

**Participant information**

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M F Age as of Aug 1 2017: \_\_\_\_\_\_\_\_\_\_\_ Grade fall 2017: \_\_\_\_\_\_\_\_

Parent/guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_ Zipcode \_\_\_\_\_\_\_\_\_\_

Parent phone number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_Internet \_\_\_Flyer \_\_\_Word of mouth Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Session (check one):** \_\_\_ Aug 7-11 9am-noon $150 ($100 if this is youth’s second course)

[Contact [debras98@frontier.com](mailto:debras98@frontier.com) for scholarship information]

**Swimming acknowledgement:**

\_\_\_\_\_ I understand that my child must pass a 10-minute float test (or provide other evidence of

Initial swimming ability such as from a swim coach or instructor) PRIOR to the first day of class. The

float test can be taken at a number of Seattle Parks and Recreation Pools

http://www.seattle.gov/parks/pools.asp - call the pool for a schedule (see

<http://www.seattle.gov/parks/teens/pdf/forms/float_test.pdf>)

**Waiver acknowledgement:**

\_\_\_\_\_ I understand that I will need to sign the USRowing waiver of liability before my child participates

Initial

**Medical conditions**: please list any current injuries, physical/mental limitations, allergies or medical information that the program director and coaching staff should know to ensure your son/daughter has a safe and productive camp experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Medical Treatment Waiver -** In case of emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize emergency medical treatment if qualified medical personnel consider treatment necessary providing I am unavailable to respond/advise or my emergency contact is unavailable to respond/advise.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Please make check payable to: Kenmore Waterfront Activities Center (memo line: Youth Learn-to-Row)

Mail form and payment to: KenmoreWAC 7353 NE 175th St., Kenmore, WA 98028