

Application Form

Raritan Valley Rowing Camp '09

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT'S NAME _____

HOME # _____ WORK# _____ CELL# _____

SCHOOL _____ CLASS _____

MALE _____ FEMALE _____ AGE _____ TEE SHIRT SIZE _____

SESSIONS: I: JUNE 28 – JULY 2 _____

II: JULY 7 – 11 _____

RESIDENT _____ COMMUTER _____ EXTENDED DAY COMMUTER _____

ROOMMATE REQUEST _____

YEARS OF ROWING _____

CREW POSITION

Starboard _____ Port _____ Sculler _____ Coxswain _____ Beginner _____

I hereby authorize the Directors of the Raritan Valley Rowing Camp to act for me according to their best judgment in any emergency medical situation.

Enclosed, please find a check for \$200.00 as a deposit. I understand this deposit is **non-refundable**.

By signing this waiver I hereby release the Raritan Valley Rowing Camp, coaches, and staff of any and all liability arising from any injury, death, or loss of property during this rowing camp, realizing rowing is an action sport posing significant.

X

Signature

MAKE CHECKS PAYABLE TO:
RARITAN VALLEY ROWING CAMP

MAIL TO:
ROWING CAMP
c/o Rutgers University
College Avenue Gym
130 College Avenue

New Brunswick, New Jersey 08903
732-932-4226

Rutgers, the State University is not responsible and liable for any of the activities in respect to the camp; the camp directors are independent contractor.

Upon receipt of this application, detailed instructions and directions will be sent to you.