



Charles River Rowing Camp
Winter Training Clinic

Please mail this form with your **\$125 registration fee**
(payable to "Charles River Women's Camp") and mail this form to:

Liz O'Leary
Charles River Rowing Camps
PO BOX 380441
Cambridge, MA 02238-0441

PLEASE SEND YOUR APPLICATION SOON, AS CAMP FILLS QUICKLY!

Name _____ Height _____ Weight _____

Address _____ Birth Date _____

City/State/Zip _____ Email _____

Home Phone _____ Parent's Email _____

Cell Phone _____ Current Grade 9__10__11__

High School _____ Side: Port__ Starboard__ Cox__

Experience:

_____ Level I (less than 3 months of rowing)

_____ Level II (3 months-2 years of rowing or coxing)

_____ Level III (more than 2 years of rowing or coxing)

I certify that my daughter (name) _____ is in good health and able to participate in the physical activity of the camp program. The camp has my permission to provide emergency medical care in the event that my daughter is injured or sick.

Parent Signature _____ Date _____

Charles River Rowing Camps (CRRC) rents Harvard University facilities, but is neither sponsored nor controlled by Harvard University. CRRC must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and be licensed by the Cambridge Board of Health. Information on 105 CMR 43.00 can be obtained by contacting the City of Cambridge Board of Health.