## Bermuda Rowing Association



## **ADULT Application for 2022 Learn to Row Camp & Membership**

Na	me:	D.O.B dd	/mm	_ /yy	
Ma	iling address :				
Tel	ephone: Home	Work	Cell		
Em	ergencies: Name		Tel 1	Tel 2	
Em	ail:				
Oco	cupation or place of education				
Pre	vious rowing history				
	Learn to Row Camp Da	tes and Group Preference	*395/Cam	p & Membership	
Dates		Groups – please circle preference			
•	Camp - July 4 – Aug 2	Group 1, 6-8:15am Mon Wed Fri	<b>Group 2,</b> 6-8	8:15, Tues, Thurs, Sat am	
	*Please note that enrollment in	the Learn to Row Camp gives you men	mbership in the	Club until Apr 30, 2023!	
		cation \$ (Payable to the contract of the			
Can you swim a minimum of 150 metres in rowing kit?  YES / NO				YES / NO	
Do	you have any medical condition	on(s) that might affect your ability	to participate	? YES / NO	
If Y	ES, please specify				
hed The	alth grounds. We strongly enco	our own health and judgment as to ourage you to seek a professional n will not be held liable in any way j	nedical opinio	n if you are in any doubt.	

**Note 2:** As the National Sports Governing Body for rowing we subscribe to the WADA code and we are all eligible for **random drug testing**. For further details see: http://www.olympics.bm/drugsinsport.htm

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the Association's Code of Conduct, Association from time to time. Copi www.bermudarowing.com.	ne a member of the Bermuda Rowing Association. I agree to conform to Articles of Association, and any other rules which may be made by the ies of all of these may be found on the Association's website at iils will be held on computer for the sole use of the Bermuda Rowing
Signed:	Print Name:
Date:	