

Bermuda Rowing Association



Application for JUNIORS Summer 2022 Rowing Camp

Name: _____ D.O.B dd ___/mm ___/yy _____

Mailing address : _____

Telephone: Home _____ Cell _____

Emergency Contact Information: Name _____ Relationship _____

Tel 1 _____ Tel 2 _____

Email: _____

Occupation or place of education _____ Previous rowing history _____

Fee: Please tick Camp1 - July 4 – 15, 9-12pm _____ \$300 Camp2 - July 18 – Aug 2 _____ \$300, 9-12pm

Payment accompanying this application \$ _____ (Payable to the **Bermuda Rowing Association** please, or by direct bank payment to **Clarien Bank 6000237594** Ref [name of Participant].

Can you swim a minimum of 150 metres in rowing kit? YES / NO

Do you have any medical condition(s) that might affect your ability to participate? YES / NO

If YES, please specify _____

To be completed if the applicant is under 18 years:

Note 1: You are responsible for your own health and judgment as to whether you are able to participate on health grounds. We strongly encourage you to seek a professional medical opinion if you are in any doubt. The Bermuda Rowing Association will not be held liable in any way for any injury or health problem as a result of participating in the sport.

I agree to conform to the Association's Code of Conduct, Articles of Association, and any other rules which may be made by the Association from time to time.

I understand that my personal details will be held on computer for the sole use of the Bermuda Rowing Association.

Signed: _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____

PLEASE EMAIL THIS APPLICATION TO BermudaRowingAssociation@gmail.com

*PO Box DV 107, Devonshire, DV BX Bermuda
E-mail: bermudarowingassociation@gmail.com*