



CAMP RANDALL ROWING CLUB REGISTRATION FORM

By registering or participating, the registrant understands that individual accident insurance is not provided for Camp Randall Rowing Club Programs and agrees to adhere to CRRC's rules and Codes of Conduct. I do hereby, for myself, my heirs, executors, administrators, wave, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any manner connected with my participation in CRRC programs. I understand and agree that photographs may be taken during CRRC programs for educational and marketing purposes.

Participant's Name: _____

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Household Last Name

First Name

Home Phone

Work or Cell Phone

Address

City

State

Zip

E-mail

Please note special needs/accommodations or health concerns:

Signature (required for participation)

Parent/Guardian Signature (if participant is under age 18)

Name of Participants:	Sex:	DOB/Age	Program Name	Program Session	Fee

(Circle One Below)

Junior Competitive Rowing- Spring

WeCanRow- Summer

High School Learn to Row- Summer

Make checks payable to:
Camp Randall Rowing Club, Inc.
Phone: (608) 220-5406
Fax: (608) 661-9200
www.camrandallrc.org

Junior Competitive Rowing- Fall

WeCanRow- Fall

Middle School Learn to Row- Session 1

Junior Competitive Rowing- Winter Workouts

WeCanRow- Winter Workouts

Middle School Learn to Row- Session 2

WeCanRow- Spring

Other _____