

Los Gatos Rowing Club
Junior Program Membership Application

This form must be completed, signed and returned in order to be eligible to row with the Los Gatos Rowing Club. *Please print*

Junior's Name: _____ Home Phone: _____

Address: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Father's or Mother's Address **if Different** than Above: _____

Date of Birth: _____ Year in Rowing: _____ School: _____

Freshman Sophomore Junior Senior Male Female

Emergency Information

Physician: _____ Phone: _____

Please list the name, address, and phone number of two people who we can reach in case of emergency:

1) _____
_____ Phone: _____

2) _____
_____ Phone: _____

By providing your Visa or Mastercard information, you'll be charged \$350 on January 15, February 15, and March 15 for a total of \$950. **If paying** by check, make payable to LGRC.

CC#: _____ Exp. Date: _____

Name as Shown on Card: _____

My signature below indicates that I have read, understand, and signed the Liability Waiver form, Swimming Certificate, and Zero Tolerance Drug Policy attached to this Membership Application.

Signature of Parent of Guardian Date

