

STOCKTON ROWING CLUB

4950 Buckley Cove Way
Stockton, CA 95219

JUNIOR CREW REGISTRATION

This form must be completed, signed and returned with first payment in order to be eligible to row.

Rower Information: Please print

Name: _____

Address: _____

City: _____ Zip: _____

Home phone: _____ Cell: _____

Email: _____ DOB: _____ Age: _____

Grade level: _____ School: _____

TEXTING NUMBER: _____ (in case practice gets cancelled or for last minute race information)

Parent Information:

Mother's name: _____ Email: _____

Cell: _____ Work phone: _____

Employer: _____

Father's name: _____ Email: _____

Cell: _____ Work phone: _____

Employer: _____

My signature below indicates that I have read, understood and signed the USRowing Release of Liability, Medical Release/Swim Certification and the SRC Code of Conduct.

Rower Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

