

**2020 School Holiday Rowing Program**

**Registration Form**

**Please complete and return to capitallakes@gmail.com**

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| --- | --- | --- | --- |
| **Name of Student** |  | | |
| **Address** |  | | |
| **Telephone** |  | | |
| **Email** |  | | |
| **Date of Birth** |  | | 🞎 **Female**  🞎 **Male** |
| **School** |  | **Year at School:** |  |
| **Rowing Experience** |  | | |
| **Program**  *(please choose which program time you would like to attend)* | 🞎 8.30am – 10.30am  🞎 11.00am – 1.00pm | | |

**EMERGENCY CONTACT DETAILS** – all students must provide parent/guardian details.

|  |  |  |
| --- | --- | --- |
| **Name/s** | **Telephone** | **Email** |
|  |  |  |
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**DECLARATION**

* I am a competent swimmer, able to swim 100 metres in light clothing, and will prove so if asked.
* I will advise CLRC of any injury or illness that may affect my ability to participate in rowing activities for the duration of the program.
* I authorise CLRC to take reasonable action on my behalf (including the incurring of expenses) in connection with any injury or illness that I may incur while engaged in Learn to Row activities.
* I do / no not agree to my photograph being used on the CLRC website.

**Signature**:

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As mentioned previously, we have limited places on the School Holiday Rowing Program and registrations will be accepted on a first-come basis.

Once your application has been processed, you will be issued with an invoice. Program fees are to be paid in full to secure your place on the program, and prior to commencement of the program.

Once payment has been received you will be emailed acceptance of your place on the program.

**Official Use**

Registration received \_\_\_/\_\_\_/\_\_\_ Invoice Issued \_\_\_/\_\_\_/\_\_\_

Payment Received \_\_\_/\_\_\_/\_\_\_ Program Acceptance emailed \_\_\_/\_\_\_/\_\_\_