



# REGISTRATION FORM

## Chevron Learn to Row Program

Family Name	Given Names
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Civic/Street Address	City/Town	Province	Postal Code
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Primary Telephone	Work Telephone	E-Mail Address
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MALE / FEMALE

Gender	Age (If under 19, a parent/guardian signature is required below)
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Do you have allergies:            YES / NO            If YES, please elaborate? \_\_\_\_\_

Do you have an epipen?            YES / NO            If YES, where is it located? \_\_\_\_\_

Please note any pre-existing medical conditions (e.g. Cardiovascular, muscle, and heart attack/stroke) or reoccurring injuries (back, legs, knees, shoulders, etc.): \_\_\_\_\_

Are you interested in joining a crew of six?	YES / NO	MCP Number:
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Do you have any past rowing experience?	YES / NO	Birth Certificate Number:
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In your own words, what would you like to achieve by the end of the Learn to Row Program? \_\_\_\_\_

What aspects of the Learn to Row Program are you interested in?  
(Please tick the relevant boxes below)

- Information about the pond
- Information about the organization (regatta and committee)
- Boat orientation
- Ergometers (rowing machines)
- Dockside rowing and instruction
- Dock rules and procedures
- Technical rowing instruction (presentations and videos)
- Personal health and wellness

**PLEASE FILL OUT THE FOLLOWING:**

SIGNATURE:

NAME (PLEASE PRINT):

DATE (DAY/MONTH/ YEAR):

EMERGENCY CONTACT: (NAME/NUMBER): \_\_\_\_\_