

# Application Form Raritan Valley Rowing Camp '11

July 10-14, 2011

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME # \_\_\_\_\_ WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

SCHOOL \_\_\_\_\_ CLASS \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ AGE \_\_\_\_\_ TEE SHIRT SIZE \_\_\_\_\_

RESIDENT \_\_\_\_\_ COMMUTER \_\_\_\_\_

ROOMMATE REQUEST \_\_\_\_\_

YEARS OF ROWING \_\_\_\_\_

## CREW POSITION

Starboard \_\_\_\_\_ Port \_\_\_\_\_ Sculler \_\_\_\_\_ Coxswain \_\_\_\_\_ Beginner \_\_\_\_\_

I hereby authorize the Directors of the Raritan Valley Rowing Camp to act for me according to their best judgment in any emergency medical situation.

Enclosed, please find a check for \$200.00 as a deposit. I understand this deposit is **non-refundable**.

By signing this waiver I hereby release the Raritan Valley Rowing Camp, coaches, and staff of any and all liability arising from any injury, death, or loss of property during this rowing camp, realizing rowing is an action sport posing significant.

**X**

**Signature**

MAKE CHECKS PAYABLE TO:  
**RARITAN VALLEY ROWING CAMP**

MAIL TO:  
**ROWING CAMP**  
c/o Rutgers University  
College Avenue Gym  
130 College Avenue

New Brunswick, New Jersey 08903  
732-932-4226 or 732-932-4227

*Rutgers, the State University is not responsible and liable for any of the activities in respect to the camp; the camp directors are independent contractor.*

*Upon receipt of this application, detailed instructions and directions will be sent to you.*