



Craftsbury

OUTDOOR CENTER

Hosmer CommRow Registration Form

| | | |
|--------------------------------|--------|-----|
| Name: | | |
| Address: | | |
| City: | State: | |
| Zip: | Phone: | |
| Email: | | |
| Age: | Ht: | Wt: |
| Parent/Guardian Name, Phone: | | |
| Emergency Contact Name, Phone: | | |
| Emergency Contact Name, Phone: | | |

Program Participation Waiver

By signing this waiver I hereby release the Craftsbury Outdoor Center, the coaches, staff and program volunteers of any liability, including but not limited to, injury, death or loss of property that may occur during my child's participation in the sculling program. I realize that sculling is an action water-sport and it poses significant risks.

I further give Craftsbury Outdoor Center permission to use any publicly taken photography or other image it has of me, whether taken by Craftsbury Outdoor Center or any other person, and whether a photograph, video, DVD, or any other image for purposes of advertising, instructional video, or other commercial purpose whatsoever.

Participant's Signature: _____ Date: _____
(Parent or Guardian's signature if participant under 18)

| | |
|-------------------|-------------|
| Flip Experience*: | Swim Test*: |
| _____ | _____ |
| Date | Date |
| _____ | _____ |
| Certified | Certified |
| _____ | _____ |

***Flip Demo:** Sculler has had opportunity to watch a flip demonstration and has been instructed how to proceed in the event of capsizing.

***Swim test:** Treading water for 2 minutes, putting on a life vest while still in the water, and a short distance swim.

Craftsbury membership required, plus \$150 of program fees for whole program, \$50 for Wednesdays only

| |
|------------------|
| Amount received: |
| _____ |
| Date received: |
| _____ |
| Received by: |
| _____ |