



ST. LOUIS ROWING CLUB
JUNIORS REGISTRATION FORM 20____-20____

<p>VARSITY / NOVICE (circle)</p> <p>MEN / WOMEN (circle)</p>
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Name _____

Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

**E-MAIL _____

Date of Birth _____ Height _____ Weight _____ T-shirt size: S M L XL XXL

School _____ Grade _____

Other Extracurricular Activities _____

How did you hear about SLRC? _____

Seniors, if you plan to row in college, what schools are you considering? _____

I plan to participate in the following SLRC seasons/events (circle all that apply): FALL WINTER SPRING SUMMER

Mother's Name _____

Address (if different than rower) _____

Home Phone (_____) _____ Cell Phone (_____) _____

**EMAIL _____ Work Phone (_____) _____

Employer _____ Occupation _____

Does your employer match 501(c)(3) contributions? YES/NO (circle one)

Father's Name _____

Address (if different than rower) _____

Home Phone (_____) _____ Cell Phone (_____) _____

**EMAIL _____ Work Phone (_____) _____

Employer _____ Occupation _____

Does your employer match 501(c)(3) contributions? YES/NO (circle one)

**** ALL CLUB CORRESPONDENCE IS CONDUCTED BY E-MAIL.** I understand that my email and contact information will be used for SLRC communication purposes only.

I UNDERSTAND THAT ROWING IS A TEAM SPORT THAT CANNOT BE CONDUCTED WITHOUT ALL PARTICIPANTS BEING PRESENT AND THEREFORE, WITHOUT SPECIAL PERMISSION FROM THE COACH, MY ATTENDANCE AT ALL REGATTAS IS MANDATORY.

I do/do not (circle one) grant permission for my picture/name to be used in SLRC publications/website.

I do/do not (circle one) grant permission to distribute this information in a roster to SLRC parents and members.
(Email addresses for the JR rowers will not be included in the public roster.)

Parent Signature (or Athlete, if over 18) _____

Date _____

Please attach a check made payable to SLRC Boosters for \$440. Check # _____