

# HULL LIFESAVING MUSEUM

Season: \_\_\_\_\_ 20\_\_ Rowing Registration

**PLEASE COMPLETE ALL INFORMATION: (EVERY LINE)**

 **99% of our communication is via email. Please print addresses clearly.**

Rower's Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Work Phone (Mother): \_\_\_\_\_ Father: \_\_\_\_\_

Cell Phone (Mother): \_\_\_\_\_ Father: \_\_\_\_\_

In Case of Emergency Please Notify: \_\_\_\_\_

Relationship to rower: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Cell #: \_\_\_\_\_

**Participant's email address:** PLEASE PRINT \_\_\_\_\_

**Mother's email address(es):** PLEASE PRINT \_\_\_\_\_

**Father's email address(es):** PLEASE PRINT \_\_\_\_\_

Any medical conditions we should be aware of while your child is rowing?

\_\_\_\_\_

Check enclosed                      Check amount: \$ \_\_\_\_\_

Credit Card             MasterCard             Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**Mail with payment to: Hull Lifesaving Museum, PO Box 221, Hull, MA 02045**