

HULL LIFESAVING MUSEUM
South Shore Youth Rowing Registration

PLEASE COMPLETE ALL INFORMATION: (EVERY LINE)

Season: _____ **20**____

📧 **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 Contact: _____

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 of which we should be aware 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