

Gainesville Area Rowing Masters
Rower Registration Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Date of LTR: _____

Can you swim? _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Do you have any health conditions that may be affected by physical exertion we should be aware of? (knee problems, back problems, shoulder problems, heart conditions, high blood pressure, asthma, diabetes, etc.)
