

# ROW BREVARD Community Rowing Program Beginning Sweep Clinic Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Adult Beginning Sweep Clinic \$100. Please make check payable to ROW BREVARD

Requirements: no rowing experience necessary, ability to swim

Where: Oars & Paddles Park, 1329 Banana River Dr, Indian Harbor Beach

NOTE: Dates are subject to change due to weather

Required accompanying documents:

\_\_\_\_ Release of Liability Form (waiver)

\_\_\_\_ Completed Registration Form

\_\_\_\_\_  
Rowers Signature

\_\_\_\_\_  
Date

RB receipt date \_\_\_\_\_

RB approval date \_\_\_\_\_

RB-Form: RB LearnToRowApplication

RB Form: RB Liability Waiver