



**PACIFIC ROWING CLUB**  
P.O. Box 320643  
San Francisco, CA 94132  
Tel: 415-242-0252

## Summer Pass & Small Boat Camp Registration

### Rower\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Current Rowing Team Name \_\_\_\_\_

Years of Experience \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Port or Starboard \_\_\_\_\_

### Mother/Guardian\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_  
(if different than rower)

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Father/Guardian\*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_  
(if different than rower)

City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Emergency Contact**

If neither parent can be contacted in an emergency, please indicate a person authorized to act on parent(s)' behalf:

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Optional Information**

How did you hear about the Pacific Rowing Club? \_\_\_\_\_

**Water Safety**

Please note your child must be water safe. This means that your child is able to tread water safely for at least 5 minutes and be able to swim at least 50 yards prior to participating in our camps. The Pacific Rowing Club will not provide any water safety training for these camps—rowers must be water safe prior to enrollment.

I understand and agree with the water safety policy above.

\_\_\_\_\_  
(parent/guardian signature)

\*All information will remain confidential for PRC related business or emergency use only. **Please update PRC in a timely manner when any information changes.**