



# REGISTRATION FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

T-SHIRT SIZE: \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S

Medical Conditons: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ ID# \_\_\_\_\_

Grp# \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact**

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

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Swimming Skills:** Able to swim well for 50 yards and tread water for 4-5 minutes      Unsure

I verify that I am physically fit and able to participate in the Program. With respect to any portion of the Program that involves being near or on the water (e.g. river, lakes, rowing tanks etc.) All participants are required to pass a standardized swim test. If I do not believe I can pass a standardized swim test or choose not to provide the required Swim Certification, I understand and agree that I will be required to wear a life preserver or other acceptable safety flotation device at all times when I am near or on the water.

By registering or participating, the registrant understands that individual accident insurance is not provided for by WeCanRow-Buffalo and agrees to adhere to the policies and rules. I do hereby, for myself, my heirs, executors, administrators, wave, release, and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or, in any manner connected with my participation in WeCanRow-Buffalo programs.

I understand and agree that photographs may be taken during WeCanRow-Buffalo programs for educational and marketing purposes. I hereby grant WeCanRow-Buffalo permission to use my name, likeness (e.g. photograph, video tape etc.) and/or biographical material about me for any legitimate purpose in any media and in such manner and at such times as WeCanRow-Boston in its sole discretion, may deem appropriate or desirable without compensation to me, provided that such use relates to my status as a participant in the Program. I hereby waive all right of inspection and/or biographical material as described herein.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

+++++OFFICE USE ONLY +++++OFFICE USE ONLY+++++

Program Fee: \$ \_\_\_\_\_ Cash    Check # \_\_\_\_\_    Rec'd by \_\_\_\_\_    Date: \_\_\_\_\_

Session: \_\_\_\_\_ Dates: \_\_\_\_\_