

Rowing Camp Registration



All-American Rowing Camp

2019 Station L / All-American Sculling Camp

Dates: May 10-12 or 13-15, 2019

Location: Portland, OR

Penny's Phone: 971-344-9179
penny.luong@comcast.net

Mark's Phone: 865-441-0880
director@allamericanrowingcamp.com

Attendee Information

Name:*	<input type="text"/>
Age:	<input type="text"/>
Club Name:	<input type="text"/>
Coach's Name:	<input type="text"/>

Medical Information

Insurance Company:*	<input type="text"/>
Policy Number:*	<input type="text"/>
Allergies:	<input type="text"/>
Medical Needs:	<input type="text"/>
Injury History:	<input type="text"/>

Training Background

Years Rowing:	<input type="text"/>
Race Highlights:	<input type="text"/>
What do you want to learn at camp:	<input type="text"/>
What is your favorite thing about rowing or other sports:	<input type="text"/>
Other sports played	<input type="text"/>

* Indicates Required Item

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Camp Fee \$425

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Registration Deadline is March 15, 2019. However Camp is limited to FIRST 12 deposits per group.

A \$150.00 non-refundable deposit is due with your registration.

Makes Checks payable to All-American Rowing Camp, LLC

Name*
Address*
City* State Zip Code

T-Shirt Size (unisex)

Payment Method*

- Check payable to All-American Rowing
 Paid via Station L website

Email Registration to:

Penny.Luong@comcast.net (using button)

Checks can be hand delivered to Penny Luong at the boathouse

Camper's Name*		Personal Boat?	Deposit	Total Camp Fee	Amt. Paid
	Fri-Sun Group		\$150	\$425	
	Mon-Wed Group		\$150	\$425	

Work Number

Home Number*

email*

In Case of Emergency Contact

Name*

Relationship

Phone Number*

Waiver Statement (Must be signed to participate)

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charges for such treatment. I now release the All-American Rowing Camp, LLC., Station L Rowing Club, City of Portland OR, US Rowing, its employees, volunteers, agents, and assigns from responsibility for any personal injuries to property caused by or having any relation to this activity. I understand that this release applies to any present or future injuries and that it binds my heirs, executors and administrators. I understand that participants may be videotaped or photographed during this activity. I have read this release and understand all of its terms. I sign voluntarily and with full knowledge of its significance.

Name*

Date*