

2009 Maine Rowing Camp at Colby College Registration Form

Please print this form, complete it, and mail it, along with the medical information sheet, to the address below.

Stew Stokes
Maine Rowing Camp at Colby College
29 Axtell Drive
Oakland, ME 04963

Sunday July 12 – Thursday July 16, 2009

A \$100 non-refundable deposit payable to **Maine Rowing Camp at Colby College** must accompany this registration.

The balance due is payable at check - in.

TUITION:

Rower: \$685

Coxswain: \$600

Name _____

Mailing Address _____

City/State _____ **Zip** _____ **Phone** _____

Camper Email _____ **Parent Email** _____

Date of Birth _____ **Age** _____ **Height** _____ **Weight** _____

High School _____ **Grade** (completed in 2009) _____

Rowing Program (if different) _____ **Coach** _____

Rowing experience (please briefly indicate the camper's rowing, or athletic experience):

Level: rowers and coxswains will be grouped by both age and experience level. Please look over the descriptions and indicate which will be most appropriate. Campers placement may be changed as necessary.

____ **Level 1** – designed for those with 3 months or less experience rowing, the focus will be on creating a sound understanding of the fundamentals of rowing.

____ **Level 2** – designed for those with between 4 months and 2 years of rowing or coxing experience.

____ **Level 3** – designed for those with over 2 years of rowing or coxing experience.

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Side: Port Starboard No Preference Coxswain
(Circle one)

T-Shirt Size: S M L XL
(Circle one)

Roommate preference _____

Airport Shuttle - Note there is a \$25 fee.

If you are flying, will you need transportation from/to the Portland International Jetport?
Please note the shuttle departure times on the web site and make flight arrival and departure plans accordingly.

Yes No

Camper Goals:

In order to help you achieve your athletic goals, please give a brief description of what area of your rowing or coxing (specific technical error, fitness, how to get and stay motivated, just have fun, etc.) you would like to improve while at the Colby Crew Camp.

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Maine Rowing Camp at Colby College Medical Form:

In case of medical emergency, I understand every attempt will be made to contact the parents or guardians. If they cannot be reached, I hereby give permission to the physician selected by the clinic to hospitalize and secure medical treatment for my child. The person enrolling at the Maine Rowing Camp at Colby College, his/her parent or parents or legal guardians assume all risk of loss of property or injury to dangers associated with crew activities and agree that there are certain inherent dangers related to crew participation and therefore, agree to hold the Maine Rowing Camp at Colby College, its owners and employees harmless and specifically agree not to make any claim against the Maine Rowing Camp at Colby College for any of these injuries which would normally be risk associated with participation in crew activity.

Print Parent or Guardian name _____ Date _____

Signature (Parent of Guardian) _____ Date _____

Precautions the clinic directors should be aware of, such as allergies, diabetes, recent illnesses, etc.

Medical Coverage

If a youngster is not feeling well or is injured we will give immediate medical assistance. If the injury requires further attention, we take the crew camper to the Mid-Maine Medical Center at which time we contact the parent or legal guardian. THE PARENT OR LEGAL GUARDIAN IS RESPONSIBLE FOR ALL HOSPITAL, PRESCRIPTIONS, LABORATORY AND DOCTOR'S FEES.

Please indicate below your insurance information.

Company Policy No. _____

Group No. _____

No physical exam is necessary for the camp.

Send Medical Form to the address below or bring it on the first day of camp:

Stew Stokes
Maine Rowing Camp at Colby College
29 Axtell Drive
Oakland, ME 04963

Telephone: 207-859-4942
Email: smstokes@colby.edu

We know that you have many choices regarding rowing camps. Thank you for choosing the Maine Rowing Camp at Colby College. We look forward to seeing you this summer.