



*A 501(c)(3) non-profit rowing club on Town Cove ~ Cape Cod*

## 2019 OSS Registration

### PERSONAL INFORMATION

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

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

Date of Birth: \_\_\_\_\_

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

Cape Cod Address:

\_\_\_\_\_  
\_\_\_\_\_

Permanent/Mailing Address (if different):

\_\_\_\_\_  
\_\_\_\_\_

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

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

### EMERGENCY CONTACT INFORMATION

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In case of emergency, contact:

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

Relationship: \_\_\_\_\_

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

### SWIMMING CERTIFICATION

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Swimming ability (*briefly describe*):

- I certify that my swimming ability is adequate to safely participate in rowing activities.
  
- I have read the *2019 OSS Rowers Guide* and understand the rowers' rights and responsibilities outlined therein.

Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent Signature (if under 18): \_\_\_\_\_

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