



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

2020 OSS Registration

PERSONAL INFORMATION

Name: _____

Cell Phone: _____

Date of Birth: _____

Email: _____

Cape Cod Address:

Permanent/Mailing Address (if different):

Phone: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, contact:

Name: _____

Relationship: _____

Phone: _____

SWIMMING CERTIFICATION

Swimming ability (*briefly describe*):

- I certify that my swimming ability is adequate to safely participate in rowing activities.
- I have read the *2020 OSS Rowers Guide* and understand the rowers' rights and responsibilities outlined therein.

Name (*please print*): _____

Signature: _____

Date: _____

Parent Signature (if under 18): _____

Date: _____