

Train and compete in our Mainville Pilot 26 fours.
Coached by John Liffmann

High School / Youth Crew Rowing Sign Up Meeting

CSCR 40 Parker Avenue, Cohasset MA

September 4, 2008 @ 7:00 PM

Eligibility: A rower must be in the 9-12th grade – novice and experienced rowers welcome. Our crews will be made up of high school students from the south shore region.

The Program: Each year three sessions are held: spring, summer, and fall. Participants who wish to row in the upcoming fall session must attend an organizational meeting on Wednesday, September 4 with their application and waiver forms filled out and a payment check made out to Cohasset Maritime Institute. There is limited capacity in the rowing program, so attendance at this meeting is mandatory. In the case of an unavoidable conflict a parent or adult representative may attend on behalf of the student. One parent or student may not deliver multiple registrations for a group. The program will begin on Tuesday, September 9th and run until Thursday, October 16th. Sessions will run from 3:30 to 5:30 pm on Tuesdays and Thursdays, as well as a new time slot on Saturday mornings from 10:30 am to 12:00 pm for anyone with conflicts during the week. The program includes on the water training as well as land workouts such as skills training, erging, and running.

2008 High School SESSION APPLICATION

Complete the form below and have your parent or legal guardian sign the attached waiver. **NO ONE WILL BE ALLOWED TO PARTICIPATE IN ANY CMI ACTIVITY WITHOUT A SIGNED WAIVER.**

If you are participating in the fall 2008 session then the application must be delivered to the mandatory registration meeting on September 4, 2008 at 7:00 PM at CSCR (The Yellow House), 40 Parker Avenue, Cohasset, MA 02025.

Please make checks payable to Cohasset Maritime Institute, indicate the payment is for a High School rower, which session and the name of the student in the message line.

Fall Session * September 9- Oct 16 \$200.00

***If a participant has already registered and paid for both the spring and summer sessions, then they may register for the fall session for \$100.00.**

Total Session Fee (s): \$ _____

Donation to CMI (THANK YOU): \$ _____

TOTAL: \$ _____

Student Name _____

Address _____

City, State, Zip _____

Home Phone (required) _____

Student Cell Phone _____

Student e-mail (required) _____

Parent e-mail (required) _____

Student Insurance Provider and registration number _____

Emergency Contact Person

Name _____

Home Phone _____

Cell Phone _____