Name (Last)	(First)	
Address	City	State/Zip
Cell#	Email address	
High/Middle School Name		
DOB	Grade entering In September 2017_	
Date of birth and	grade are needed to confirm eligibility for	r junior rowing.
certification for your high school rowing	required and can be completed at a YMC team or for Nereid Boat Club in the past, ving page at nereidbc.org. Please attach	the Nereid Swim Test form is
Summarize prior rowing experience		
Program (check one below and indicate Junior Summer Program	e start date, if applicable)	
Middle School 2-day \$400 for 8 we	eeks / \$200 for 4 weeks	
Middle School 4-day \$600 for 8 weeks / \$300 for 4 weeks		
High School 4-day \$600 for 8 weeks / \$300 for 4 weeks		
High School 6-day \$800 for 8 wee	eks / \$400 for 4 weeks	
* Rutherford Residents receive a 50% d	liscount *	
If you would like information about finan	ncial aid (check here) or email offi	cemanager@nereidbc.org
Parent/Guardian information (must b	e completed for Junior Programs)	
Guardian(s) Name(s)		
Guardian(s) Home Phone#	Guardian(s) Cell#	
Guardian(s) Email Address(s)		

## **Special Instructions**

Height and Weight Requirement: Any new junior must be at least 4'10" and weigh 90 lbs.

Completed USRowing Waiver must be attached to this form. The USRowing Waiver form is available on the Junior Rowing page at <a href="nereidbc.org">nereidbc.org</a>. All programs must be prepaid, check made payable to Nereid Boat Club. Receipt of check is required for participation confirmation. Should an athlete drop out of a program, no refund will be provided.

Please mail the completed form, Swim Test (if needed), USRowing Waiver, and check to:

Nereid Boat Club Attn: Rowing Programs Director P.O. Box 1678 Rutherford, NJ 07070