



# Mobjack Rowing Association

PO Box 1015  
Mathews, Virginia 23109  
mobjackrowing@gmail.com

## Membership Registration

### Program:

(Check Applicable Program)

- Intro to Rowing Camp
- Row for Miles/Master's (Experienced rowers 7<sup>th</sup> grade and up)
- Competitive Junior (By invitation only)
- Competitive Senior (Ages 19+ by Invitation only)
- Fall Head Racing (Rising 7<sup>th</sup> graders through adult)
- Winter Erg Conditioning (Rising 7<sup>th</sup> graders through adult)

Members Name: \_\_\_\_\_  
(Last) (First) (Middle In.)

Date of Birth: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_  
(MM/DD/YYYY)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Member email address: \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

(If Under 18)

**Current School/University:** \_\_\_\_\_

(If Applicable)

Rowing Season Completed: \_\_\_\_\_ **Sweep Experience:** Port Strbd Both **Sculler:** Yes No

I certify that my child can meet the eligibility requirements of physical health and is a proficient swimmer. I also certify that the above information is correct.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature if 18+ \_\_\_\_\_ Date: \_\_\_\_\_