



Naiades Oncology Rowing Registration

PLEASE TYPE OR PRINT CLEARLY

Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

Emergency
Contact _____ Phone _____

Session _____

Days you will row:

Monday _____ Tuesday _____ Thursday _____

Safety Video completed: (date) _____

I row: Port _____ Starboard _____ Either _____ Don't know _____

Naiades Oncology Rowing is a not-for-profit organization dedicated to helping cancer survivors. Rowing fees for our programs are subsidized by our organization. We cannot provide our programs at reduced costs without the service of volunteers. Please look at the list below and tell us how you would like to participate to support our program.

I am interested in volunteering in the following areas: (Check one or more)

_____ Promotion/Marketing _____ Regatta _____ Planning _____ Social _____ Events

_____ Nominating Committee _____ Golf Tournament _____ Program Planning

Payment is due on or before the first night of the session

Please note: Information and applications for scholarships are available on our website. Scholarship applications are reviewed each session by a board of directors subcommittee.

Office use only:

Naiades Waiver _____ USRowing Waiver _____ Health Form _____