

Black Bear Sculling

2011 Application

Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Age: _____ Vegetarian? Yes / No Bringing own Boat? Yes / No

Roommate Preference: _____

Skill level: Beginner Interm ediate Expert

Club or Team: _____

Session: July 24- 29
 July 31 - August 5
 August 7 - 12
 Weekend - June 24 - 26
 Weekend - August 5 – 7

I hereby authorize the directors of Black Bear Sculling to act for me according to their best judgment in any emergency medical situation.

Enclosed, please find a check for \$300.00 made payable to “Black Bear Sculling” as a deposit.

By signing this waiver, I hereby release Black Bear Sculling, coaches and staff of any and all liability arising from my injury, death or loss of property during this sculling program realizing sculling is an action sport posing significant risks.

Signature: _____

Please mail to: Black Bear Sculling
 c/o Steve Wagner
 200 Plainfield Avenue
 Piscataway, NJ 08854

Upon receipt of this application, detailed instructions will be sent to you.