MIAMI ROWING & WATERSPORTS CENTER

Adult Learn-to-Row Class 2026 Application

Location: 3601 Rickenbacker Causeway, Virginia Key, FL 33149
Phone: 305-361-3225
Website: www.miamirowing.org

Email: office.miamirowing@gmail.com

APPLICANT INFORMATION (Required)

Applicant's Name: (Mr. / Ms. / Mrs.) _____

Date: _____

Home Address: _____

Apt. No.: _____ **City:** _____ **State:** _____ **ZIP Code:** _____

Best Contact Phone: (____) _____

E-mail: _____

Date of Birth: _____ **Gender:** ☐ Male ☐ Female

Dates of Learn-to-Row Class applying for:

(Available dates shown on MRC website)

How did you hear about Learn-to-Row?

☐ MRC Website ☐ Friend/Referral ☐ Flyer ☐ Online Search ☐ Other: _____

Signature of Applicant: _____ **Date:** _____

PROGRAM INFORMATION

- **Cost:** $399 for the three-week course
- Payment must be received **before** the first class to reserve your spot.
- Accepted payments: **Visa, MasterCard, Discover**, Check, or Cash
- **American Express is NOT accepted**

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MIAMI ROWING CLUB

CANCELLATION POLICY

For a full refund, notify us **at least 1 week** before the class starts.

No refunds for missed classes. No partial refunds. Payments cannot be transferred.

RELEASE OF LIABILITY

(Please read carefully and sign)

I, for myself, my heirs, assigns, and next of kin, hereby agree:

1. I understand the nature of rowing activities and confirm I am in good health and physically able to participate.
2. I fully understand that rowing involves risks of severe injury, permanent disability, paralysis, and death. I voluntarily accept all risks.
3. I agree to inspect conditions and notify instructors of any hazards.
4. I release and discharge **Miami Rowing Club** and all its staff, volunteers, and agents from all liability, claims, and damages, including those caused by negligence.

Printed Name: _____

Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

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SWIMMING REQUIREMENT

I certify that I can **tread water for 15 minutes** and **swim 200 yards**.

Printed Name: _____

Signature: _____ **Date:** _____

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MEDICAL RELEASE

Name: _____ **Phone:** _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Medical Conditions / Allergies / Medications:

Insurance Information:
Insurance Company: _____ Policy #: _____

Primary Insured: _____ DOB: _____

Signature: _____ **Date:** _____

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CREDIT CARD AUTHORIZATION

Cardholder Name: _____

Student Name: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

(American Express not accepted)

Card Number: _____ **Exp Date:** _____ **CVV:** _____

Billing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Amount: $399.00 **Purpose:** Adult Learn-to-Row 2026

Cardholder Signature: _____ **Date:** _____

MRC Use Only

Date Received: _____ Payment Method/Date: _____

Just copy the text above, paste into Word, and format it nicely (use Heading 1 for main titles, bold for sections, and add spacing).

Would you like me to make a more compact version (fits on fewer pages) or add any specific changes before you save it?

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