

Connecticut Adaptive Rowing Program Application
Mount Sinai Rehabilitation Hospital
490 Blue Hills Avenue
Hartford, CT 06112
(860) 714-2421

A. Member Information:

Name _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Email Address _____

Disability: Amputation ___ Spinal cord injury ___ CVA ___ MS ___ BI ___ Other _____

Age group: 14-17 ___ 18-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60+ ___

Do you have any rowing experience? _____

Rowing club affiliation _____

Hobbies/sports/interests _____

Please indicate how you heard about CARP and why you became interested _____

Have you volunteered before? If so, where _____

B. CARP Membership Categories: New membership ___ Membership renewal ___

___ Rower (\$75/session): participants learning to row with CARP

___ Volunteer (no fee): assist with land-based program only

*****Donations to CARP above the membership fee are tax deductible. Thank you!*****

Session/Day(s) available to participate: (Please list 1st and 2nd choice)

Session I –June/July Monday 5-7 p.m. _____ and/or Wednesday 5-7 p.m. _____

Session II –August/September Monday 5-7 p.m. _____ and/or Wednesday 5-7 p.m. _____

Please make checks payable to MSRH and return with CARP application to:

Mount Sinai Rehabilitation Hospital, CARP, 490 Blue Hills Avenue, Hartford, CT 06112

C. EMERGENCY INFORMATION:

Contact _____ Relationship _____

Cell #(____) _____ Home #(____) _____

-----For office use only-----

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|-----------------------------|-------------------------|--------------------------|---------------|----------|
| Orientation Date _____ | Coordinator _____ | CARP 2010 membership fee | \$ _____ | |
| Health Risk Appraisal _____ | Agreement/Release _____ | Photo Consent _____ | CARP donation | \$ _____ |
| | | Total enclosed | \$ _____ | |