

2021 Connecticut Adaptive Rowing Program Application
Mount Sinai Rehabilitation Hospital/Trinity Health Of New England
490 Blue Hills Avenue
Hartford, CT 06112
(860) 714-2421

A. Member Information:

Name _____ DOB: _____ Male ___ Female ___

Address _____

City _____ State _____ Zip Code _____

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

Have you had COVID-19 vaccine? Yes _____ No _____ Date of last shot _____

Email Address: _____

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

Are you a Veteran? _____ YES _____ NO Service Branch: _____

Do you have any rowing/kayaking experience? _____

Do you know how to swim? _____ YES _____ NO

Hobbies/sports/interests: _____

Please indicate how you heard about CARP: _____

B. CARP Membership Categories: Veterans FREE

_____ Sculling (\$ 100/season)

_____ Kayaking (\$100/season)

_____ Volunteer (no fee) Have you volunteered before. If so, where: _____

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

_____ Sculling, Wednesdays, 5-7pm June 9 – August 25

_____ Kayaking, Wednesdays, 5-7pm June 9 – August 25

_____ **Veterans Kayaking & Rowing**, Saturdays, June 19 – Sept. 25, 2x month, 9:30 –11:30AM
June 19, July 17 & 31, August 14 & 28, September 11 & 25, 2021

Please make checks payable to MSRH and return with application to: Mount Sinai Rehabilitation Hospital, CARP, and 490 Blue Hills Avenue, Hartford, CT 06112. Financial assistance available, contact Paige.

C. EMERGENCY INFORMATION:

Contact _____ Relationship _____

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

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

Orientation Date _____ Self Health Risk Appraisal _____ Waiver/Release _____

Photo Consent _____ Financial Assistance _____

CARP 2021 Membership fee \$ _____

Total enclosed \$ _____

Check # _____