

# OPTIONAL WINTER ERG ROWING WORKOUTS

Tuesday, January 7- Saturday, February 22, 2020



NEW TRIER  
Extension



*This is a great way for new rowers to gain experience, and for experienced rowers to continue conditioning. Space is limited so sign up early!*

Weekday ERG workouts will include body and weight circuit work; Saturdays will be ergs only. All classes are designed for HS rowers, either at the novice or JV/V level, and will be taught by New Trier High School rowing coaches. Register at [NTX203.net](http://NTX203.net) or complete this form; students are expected to register for and attend all classes. Winnetka classes will be held in the Rowing Loft and Northfield classes in the B-Building Student Commons. **No refunds.**

## Girls N, JV, and V:

**200-660 Tuesdays** (January 7, 14, 21, 28; February 4, 11, 18) **3:45 - 5:45 p.m. \$119** \_\_\_\_\_

**200-661 Thursdays** (January 9, 16, 23, 30; February 6, 13, 20) **3:45 - 5:45 p.m. \$119** \_\_\_\_\_

Location: Novice girls at Northfield B-Commons; JV and Varsity at Winnetka Rowing Loft

## Girls/Boys/Adults:

**200-664 Fridays** (January 10, 17, 24, 31; February 7, 14, 21) **4:00 - 6:00 p.m. \$119** \_\_\_\_\_

**200-665 Saturdays** (January 11, 18, 25; February 1, 8, 15, 22) **8:30 - 10:00 a.m. \$119** \_\_\_\_\_

Location: **FRIDAY** at Northfield B- Commons; **SATURDAYS** at Winnetka Rowing Loft

## Boys N, JV, and V:

**200-668 Mondays** (January 6, 13, 27; February 3, 10, 17) **4:00 - 6:00 p.m. \$102** \_\_\_\_\_

**200-669 Wednesdays** (January 8, 15, 22, 29; February 5, 12, 19) **4:00 - 6:00 p.m. \$119** \_\_\_\_\_

Location: Novice boys at Northfield B-Commons; JV and Varsity at Winnetka Rowing Loft

**Total Payment \$** \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**QUESTIONS?** Call us at (847) 446-6600 | **REGISTER ONLINE** at [www.ntx203.net](http://www.ntx203.net)  
OR **MAIL this form** with check or credit card information to: NTX, 7 Happ Rd., Northfield, IL 60093

### VISA/MasterCard/Discover (no American Express):

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

### WAIVER

I agree on my behalf, and, if applicable, my child/ward's behalf, to the waiver, hold harmless, and indemnification terms and all other terms included on reverse side of this registration form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature REQUIRED to process registration)

I recognize and acknowledge that there are certain risks of physical injury to participants in the course or courses identified on page 1 of this registration form (the "Course"), and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I or my minor child/ward sustain as a result of participation.

I release and discharge New Trier Township High School District No. 203, the New Trier Extension Program, including the Board of Education, its members, employees, agents, and volunteers ("New Trier High School") from any and all claims from injuries, including death, damages, or losses which I or my child/ward may have or which may accrue on account of participation in the Course.

I further agree to indemnify, hold harmless, and defend New Trier High School from any and all claims resulting from injuries, including death, damages, and losses that I or my child/ward sustain arising out of, connected with, or in any way associated with the activities of the Course.

It is my express intent that this waiver and release shall bind the members of my family, spouse, heirs, assigns, and personal representatives and shall be deemed as a release, waiver, discharge, and covenant not to sue New Trier High School.

In the event of an emergency, I authorize New Trier High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my child/ward's immediate care and agree that I or my child/ward's will be responsible for payment of any and all medical services rendered.

I have read and understand the registration form, including the warning of risk, assumption of risk and waiver and release of all claims.

If any term, covenant, condition, or provision of this registration form is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.