

Application, Emergency Information, and Medical Release Form
for School Year 2009-2010

Rower's Name: _____
Rower's Home Address: _____
City: _____ State: _____ Zip: _____
Rower's Home Phone: _____ Rower's Cell Phone: _____
Rower's Date of Birth: _____ School: _____
Rower's E-Mail: _____

Parent/Guardian Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____
Parent/Guardian Name: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-Mail: _____

Additional Contact Information: _____

Additional information or comments: _____

Rower's Shirt Size: _____

Emergency Contact

Name Emergency Contact (other than parent/guardian): _____
Phone(s): _____

Physician

Name: _____ Phone: _____
Current medical conditions, medications, or treatments: _____

Any other medical concerns (allergies, limitations): _____

Rower's Medical Insurance Information

Insurance Policyholder/Company: _____
Group: _____ Subscriber Name: _____
Contact Number: _____ Relationship to Rower: _____
Group Number: _____
Member Number: _____
Other Info: _____

Please accept this form as consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my daughter/son if medical attention is needed.

Printed Name of Parent/Guardian: _____
Signature of Parent/Guardian: _____ Date: _____