



Capital City Rowing 2009-2010 ROWER/PARENT INFORMATION



Rower Name: _____ DOB _____ Grade _____ School _____

Rower Address: _____
Street address City, State Zip Code

Rower's E-mail: _____ Cell Phone _____ Home Phone _____

Mother's Name: _____
Stepfather (if applicable)

Mother's Address: _____
Street address City, State Zip Code

Mother's E-mail: _____
Stepfather (if applicable)

Mother's Cell Phone: _____
Stepfather (if applicable)

Mother's Work Phone: _____
Stepfather (if applicable)

Mother's Home Phone: _____

Father's Name: _____
Stepmother (if applicable)

Father's Address: _____
Street address City, State Zip Code

Father's E-mail: _____
Stepmother (if applicable)

Father's Cell Phone: _____
Stepmother (if applicable)

Father's Work Phone: _____
Stepmother (if applicable)

Father's Home Phone: _____

EMERGENCY CONTACT: _____
Name Relationship Address

_____ Cell phone Work Phone Home Phone

Any known allergies, allergic reactions, and physical or behavioral conditions that may affect or limit full participation in Capital City Rowing activities:

(Write in **RED INK**)

HEALTH INSURANCE: Name of Primary Insured: _____

Company Name _____ Group Number _____

Policy Number _____ Phone Number _____

Office Use Only:

<input type="checkbox"/> Rower/Parent Information <input type="checkbox"/> USRowing and Capital City Rowing Release of Liability <input type="checkbox"/> Regatta Participation and Medical Release (notarized)	<input type="checkbox"/> Pre-Participation Physical Evaluation (2 pages) <input type="checkbox"/> Guidelines for use of Facilities at Maclay Gardens State Park
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