

# Camp Randall Rowing Club (CRRC) Juniors Rower Information Sheet-Emergency Contact Form

**Rower Information**First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  Male  Female

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Name of school \_\_\_\_\_ Graduation year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

*Print Clearly*

Father/Guardian (if rower is under 18 years of age)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

If different from above

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

*Print Clearly**Print Clearly*

Mother/Guardian (if rower is under 18 years of age)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

If different from above

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Home E-mail \_\_\_\_\_ Work E-mail \_\_\_\_\_

*Print Clearly**Print Clearly***Rower Medical Information (medical conditions, restrictions, allergies, etc.)**

Medications (including herbal preparations) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Clinic \_\_\_\_\_ Address \_\_\_\_\_ Hospital preference \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_ Group Number \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Camp Randall Rowing Club has my permission to contact the child's health-care provider and to provide emergency medical care in the event that my child is injured or sick. If I have any questions about Camp Randall Rowing Club procedures, I will ask the coaches for information so as to fully answer these questions.

I certify that my child is capable of swimming 100 meters (any stroke) and treading water for 10 minutes, and that he/she is in good health and able to participate in the physical activity of Camp Randall Juniors Rowing Club, a program of the US Rowing Foundation in conjunction with the Madison School Community Recreation (MSCR) program.

Printed Name (Parent/Guardian if  
rower is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_Signature (Parent/Guardian if  
rower is under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_