



CAMP RANDALL ROWING CLUB EMERGENCY CONTACT INFORMATION FORM FOR ALL CAMP RANDALL PROGRAMS

Please Print Clearly

Rower Information:

Name: _____ Birth Date: _____

Address: _____

Telephone (Home): _____ Rower's E-mail: _____

Parent/Guardian Information:

Name: _____

Address: _____

Telephone (Home): _____

Name: _____

Address: _____

Telephone (Home): _____

Parents' Telephone (Cell): _____ Parents' E-mail: _____

Best phone number(s) to reach parent/guardian in emergency -- indicate whether home, work and/or cell:

List all e-mail addresses you would like included in the CRRC e-mailings. This is the Club's primary form of communication: _____

Emergency Contact (other than parent/guardian):

Name: _____

Telephone (Home): _____ (Work/Cell): _____

Medical Information: Rower's Primary Physician: _____

Clinic Name/Address: _____

Clinic Telephone Number: _____ Local Hospital of Choice: _____

Health Insurance Plan: _____

Group Number: _____ Subscriber Number: _____

Rower's Health Status (medical conditions, restrictions, allergies, etc.): _____

Medications: _____

Swimming Skills: Able to swim well for 50 yards and tread water for 4-5 minutes Unsure

WeCanRow Participant Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

(Junior & Learn to Row Programs)