Haddonfield Crew Club 2008

Permission to Participate Information Form

Rower: Name:_____ D.O.B.:_____
Home Address:_____ HT:_____ WT:_____
Home Phone:_____ Cell:_____
Email Address:_____
Current Grade: 9 10 11 12 Years of Rowing:_____ or Novice _____

Parents/Guardians:

Mothers Name_____ Work Number:_____
Cell Number:_____

Fathers Name_____ Work Number:_____
Cell Number_____

Home Address (if different from rower)_____
Parents' Email Address_____
(Please provide email that you prefer Club to use to communicate with you. There are a lot of emails during the season as this is the primary vehicle for keeping parents up to date.)

Health Insurance Contact:

Insurance Company:_____ Phone:_____

Group Number:_____ Policy No.:_____

Family Physician Name:_____ Phone:_____

Hospital of Choice:_____ Known Allergies:_____

Current Medications:_____

Permission to Participate:

I have read the Rower & Parent Rules of Participation and Policies of the Crew Club, understanding the nature of rowing, and the experience and capabilities of my child, and I hereby give permission for my (son/daughter) _____ to participate in the activity of rowing with the Haddonfield Crew Club.

In the event of an emergency, I hereby authorize the coaching staff to seek care by a licensed physician or emergency medical person.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Athlete Date