

2009 PWCA FALL CREW REGISTRATION

Experienced Rowers/Coxswains who plan to race must also register and complete the waiver on www.roninracing.com

CIRCLE YOUR CHOICE:

**NOVICE SHIFT 1
3:00- 5:00**

**NOVICE SHIFT 2
4:00- 6:00**

**EXPERIENCED MEN
3:30- 5:30**

**EXPERIENCED WOMEN
4:00- 6:00**

Please print clearly!

Name: _____ Grade: _____ High School:

Date of Birth: _____ Age: _____ Sex: _____ Home Phone:

Rower E-mail: _____ Cell phone:

Address: _____ City, State,

Zip _____

Height ____ ft ____ in Weight ____ lbs Shoe size: _____ T-shirt size (S, M, L, XL, XXL): _____

Emergency Information

PLEASE! Circle the name and phone number below that is most available during camp hours.

Mother/Guardian: _____ Email:

Camp-time phone: _____ Cell Phone: _____ Pager:

Father/Guardian: _____ Email:

Camp-time phone: _____ Cell Phone: _____ Pager:

Other Emergency Contact: _____ Camp-time phone:

Relationship to student _____

Health Insurance Company:

Policy/Group/Employee No.: _____ Insured's name:

Student's Doctor: _____ Phone:

Allergies: _____ Medications:

Medications the student will be carrying: (i.e. inhaler):

Does the student wear contact lenses? _____

Date of last tetanus

shot _____

List any other health issues we should be aware of:

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the directors and coaches of Prince William Crew Association to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Parent signature

Printed name

Date