

2009 PWCA SUMMER CREW REGISTRATION

PLEASE PLACE A CHECKMARK IN EACH SPACE INDICATING YOUR CHOICES:

_____ MEN _____ WOMEN _____ COXSWAIN
_____ SESSION 1: SCULLING; JUNE 22 – JULY 19; 6 – 8 AM (\$175)
_____ SESSION 1: SWEEP; JUNE 29 – JULY 19; 6 – 8 PM (\$175)
_____ SESSION 2: SCULLING; JULY 20 – AUG 14; 6 – 8 AM (\$175)
_____ SESSION 2: SWEEP; JULY 20 – AUG 14; 6 – 8 PM (\$175)

If you are selecting a sculling session, HAVE YOU SCULLED BEFORE? _____ YES _____ NO

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 Recent 2K Erg Score: _____ Shoe size: _____

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: _____
Father/Guardian: _____ Email: _____
Camp-time phone: _____ Cell Phone: _____
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