

W.C.C. Athlete Membership Form

Fall Learn to Row

Rower Information *(please fill out legibly and completely)*

Rower's Name: _____

Rower's Address: _____

City: _____ State: _____ Zip: _____

Rower's Home Phone: _____ Rower's Cell: _____

Rower's Email: _____

School: _____ Grade: _____

Birth Date: ___/___/___ Age: _____ Gender: M or F

Height: _____ Weight: _____

Have you rowed before: Yes / No If Yes, What position? Port / Starboard / Coxswain

What other sports do you participate in: _____

Please list any medical conditions or allergies that the coach should know:

Can Rower Swim? _____

Parent/Guardian Information *(please fill out legibly and completely)*

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Father's Cell #: _____ Mother's Cell #: _____

Father's Work #: _____ Mother's Work#: _____

Father's Email: _____

Mother's Email: _____

W.C.C. Athlete Membership Form

Fall Learn to Row

Emergency Contacts:

1st _____ Relationship: _____ Phone #: _____

2nd _____ Relationship: _____ Phone #: _____

In case of emergency, every attempt will be made to reach the emergency contacts listed above. If no one can be reached, I give permission for the Wappingers Crew club to seek medical attention for the above named rower.

Signed: _____

Relationship: _____
(If under 18, Parent or legal guardian)

Insurance Company _____

Policy Holder: _____ Policy # _____

I give W.C.C. permission to use my child's picture in newspaper articles and on the W.C.C. web page.

X _____ X _____
Mother's Signature Father's Signature

Cost of Fall Crew: \$100.00

Checks made payable to: Wappingers Crew Club

Check # _____