

Seattle Rowing Center
Health Information

In case of emergency, it is imperative that we be able to reach a rower's parent or guardian.

Rower: First and Last Name: _____

Home Address (*include city and zip*): _____

High School and year: _____ Date of Birth: _____

Mother's: First and Last Name: _____

Home Address (*if different from Rower's*): _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Father's: First and Last Name: _____

Home Address (*if different from Rower's*): _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

IN CASE OF EMERGENCY, CONTACT:

First and Last Name: _____

Home Address (*if different from Rower's*): _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Doctor's name and phone number: _____

Dentist's name and phone number: _____

Insurance Carrier name: _____ **Policy #/ Group#** _____

Special health concerns, allergies, physical limitations: _____
