

Lowell Crew Information

Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Height: _____

Student Email Address: _____

Parents/Guardian Email: _____

Parents/Guardian Names: _____

Telephone Number(s): _____

I have read the Lowell Crew Club Handbook and understand the information that has been given to me.

Students Signature: _____

Date

Parents Signature: _____

Date

Travel / Medical Permission

I give permission for _____ to travel with the Lowell Crew Team with coaches and parent chaperones to and from each regatta event of the 2011 high school rowing season.

Any coach or adult chaperone has permission to obtain emergency and/or any other medical treatment necessary for my child throughout the duration of the high school regatta season.

Physical form is on file in Lowell Athletic Department? Yes / No

Health Insurance Information:

Name of Company: _____

Policy No. _____ Group No. _____

Subscriber Name: _____

Please list health problems, eating habits or physical restrictions your child has (i.e., allergies, diabetes, vegetarian, migraine, asthma, etc.)

Please list medications your child takes regularly or must have with him/her at all times (i.e., inhalers, insulin, bee sting kit, etc.)