

Duwamish Rowing Club 2017-18
Membership and Emergency Contact Form

<u>Rower Information</u>	
Name (First, Last)	_____
Birthday	_____
Address	_____
Phone (Home)	_____
Phone (cell)	_____
Rower Email	_____
School (Youth)	_____
Graduation year (Youth)	_____

<u>Parent Information (Youth Only)</u>	
1. Parent/Guardian Name	_____
Cell phone	_____
Work Phone	_____
Email Address	_____
2. Parent/Guardian Name	_____
Cell phone	_____
Work Phone	_____
Email Address	_____

<u>Emergency Contact Information</u>	
Name	_____
Phone Number	_____
Relationship to Rower	_____

<u>Medical Information</u>	
Physician Name _____	Physician Phone _____
Hospital/Clinic Preference _____	
Insurance Company _____	Policy Number _____
Allergies/Special Health Considerations: _____	
Medications _____	
Other Information: _____	

I, _____ parent/guardian of (youth only) _____ authorize and consent to medical, surgical, hospital care, treatment and procedures to be deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.