

Contact & Medical Information (2009)

Contact Information:

Rower's Name: _____

Gender: Male / Female

Date of Birth (m/d/yr): _____

Address: _____

City, Province & Postal Code: _____

Home Phone: _____ Parent's Work Phone: _____

Parent's Email Address: _____

Rower's Email Address: _____

Emergency Contacts:

Alternate Phone Number for Parents: _____

Emergency Contact (other than parent): _____

Relationship to Rower: _____ **Phone:** _____

Medical Information:

BC Healthcare Number: _____

Date of last tetanus immunization: _____

Medical condition/s currently under treatment:

Pre-existing physical condition/s currently under treatment:

Medications taken on a regular basis:

Allergies? _____

Contact lenses or glasses? _____

Any other notes that may be of assistance to coaches and/or chaperones?

I hereby give permission for the Deep Cove Rowing Club to be responsible for providing proper medical supervision and treatment of my child if required.

Parent/Guardian signature: _____ Date: _____