



Date of Application: _____

ROWER FULL NAME: _____

Mother/Guardian Name: _____ Address: _____ Preferred Phone # to Use in Emergency: _____	Father/Guardian Name: _____ Address: _____ Preferred Phone # to Use in Emergency: _____
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Emergency Contacts: Alternative person(s) to whom students may be released in case of emergency:

Name: _____ Relationship: _____ Home Phone: _____ Cell/Work Phone: _____	Name: _____ Relationship: _____ Home Phone: _____ Cell/Work Phone: _____
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Authorization to Treat a Minor

I (we) the undersigned parent(s), or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room of any acute general hospital holding a current license to operate and that I (we) agree to be responsible for the cost of such treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide the authority and power to render care which the aforementioned medical staff in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _____

It is understood that Olympia Area Rowing is not liable for any accident or incident related to transportation by a public carrier.

Parent Signature: _____ Date: _____

Parent Name (Type or Print): _____

Medical Information:

Insurance Carrier and #: _____ Subscriber's Name: _____

Primary Care Physician: _____ Physician's Phone: _____

ROWER'S ALLERGIES: _____

MEDICAL CONDITIONS/CONCERNS: _____

Rowing Info: HEIGHT _____ WEIGHT _____ SCHOOL _____ GRADE _____