

# PARKERSBURG HIGH SCHOOL BIG RED CREW

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Rowers Email address \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

New to rowing? \_\_\_\_\_ Date started rowing \_\_\_\_\_ School \_\_\_\_\_

Student Number \_\_\_\_\_ Wanting to be a ROWER or COXSWAIN? (circle)

## **PARENT OR GUARDIAN INFORMATION**

Name(s) \_\_\_\_\_

Address: (If different from above) \_\_\_\_\_

Parents Email address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **EMERGENCY/MEDICAL INFORMATION**

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency phone \_\_\_\_\_

Allergies: (Please be specific) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

1. Do you know how to swim? Yes No
2. What side do you row? Port Starboard Both
3. Are you Novice or Experienced? \_\_\_\_\_