

To be completed by coach:
Rower / Coxswain
Program:

Wyandotte Boat Club
Registration Form, part 1
(Please print legibly)

Athlete Information

Name: _____ Date of Birth: _____

Place of Birth: (City) _____ (State) _____ (Country) _____

Height: ____ Weight: ____ Gender: M F Jersey Size: XS S M L XL XXL

Address: (Street) _____
(City) _____ (State) _____ (Zip) _____

Phone:(Cell) _____ (Home) _____ (Work) _____

Email address: _____

High School: _____ Graduation Year: _____

College/ University: _____ Graduation Year: _____

Years of rowing experience: (High school) _____ (College) _____ (Club) _____

Major Races Won (High School, College, and / or Club):

Port: Y / N Starboard: Y / N Scull: Y / N Cox: Y / N

Oarsperson Contract

I have read the document entitled “Wyandotte Boat Club Rules and Regulations Handbook”. I hereby agree to abide by the rules and regulations stated in the handbook. I am aware that adherence to these rules is a condition of my eligibility to row for the Wyandotte Boat Club or use the facility.

Date

Signature of Oarsperson

Signature of Parent or Legal Guardian
if Oarsperson under 18

Wyandotte Boat Club
Registration Form, part 2
(Please print legibly)

Medical Waiver

I, _____, do hereby give my permission to the Wyandotte Boat Club
(Parent or legal guardian or athlete over 18)
coaches and staff to obtain medical attention for _____ in the event that it is
(Oarsperson name)
needed while he/ she is participating in the Wyandotte Boat Club rowing program.

Date

Signature of Parent or Legal Guardian if oarsperson under 18

Medical Information

Insurance Company: _____ Carrier number: _____

Policy/ Group number: _____ Authorization phone number: () _____

Name on Insurance Card: _____

Medical Alert: _____
List any pertinent medical conditions (asthma, diabetes, epilepsy, etc)

List any allergies (penicillin, bee sting, etc)

Emergency contact: _____ Relation: _____

Phone: _____