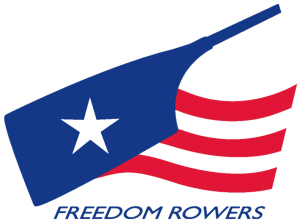

Emergency Contact Information
Turn in this form before your first season begins and when are any changes.

Rower's Name_____

Sex_____ Date of birth_____ Age_____

Grade/School_____

Street address _____

City_____ State_____ Zip_____

Rower's Cell Phone_____

Name of parent or guardian _____

Street address _____

City_____ State_____ Zip_____

Parent Cell Phone _____

_____

Rower's e-mail_____

Parent's e-mail_____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____

Phone_____

Name _____ Relationship _____

Phone_____