

ARLINGTON CREW -FALL Season 2010

PLEASE PRINT ALL INFORMATION LEGIBLY

Rower's Name: _____
Last First Middle

Date of Birth: ____/____/____ Grade _____ Sex: Male Female
month day year circle one

Phone Numbers: _____/_____/_____
(Home) (parents work) (cell- yours & parents)

Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Height: _____ ft. _____ In. Weight: _____ lbs. Shoe size: _____ T-shirt Size: _____

Parents (Guardians) Names: _____

E-mail address (PARENTS): Print one (1) character per box

E-mail Address (YOURS): Print one (1) character per box

Emergency Contact: _____
(If different from parents) Name/Address Phone

List Any Allergies: _____

List ANY AND ALL MEDICAL/HEALTH CONDITIONS that could be aggravated by strenuous exercise:

Past Rowing Experience: _____
Program/Year/Position/Coach

Program/Year/Position/Coach