



Emergency Treatment Information

- Competitive Youth Program
- Middle School Program

Rower Information

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Cell Phone:	
Date of Birth:	
Age:	

Parent/Guardian Information

Relationship:	
First Name:	
Last Name:	
Home Phone:	
Work Phone:	
Cell Phone:	
Relationship:	
First Name:	
Last Name:	
Home Phone:	
Work Phone:	
Cell Phone:	

Insurance Information

Provider:	
Policy Holder:	
ID Number:	
Group Number:	
List Any and: All Medications	

Alternate Emergency Contact

Relationship:	
First Name:	
Last Name:	
Home Phone:	
Work Phone:	
Cell Phone:	

Check all items that apply to your child's medical history, explain.

Condition	Yes	No	Explain
Allergies			
High Blood Pressure			
Diabetes			
Convulsions/Seizures			
Heart Trouble			
Asthma			
Kidney Disease			
Behavioral			
Sinus			
Other			