

Lake Oswego Community Rowing
Personal Information Form

To ensure each participant's safety and protection, the following information must be completed before participating in Lake Oswego Community Rowing programs. This form is valid one year from date of submission.

Name:	Referred By:
Address:	
Athlete Phone:	Parent Phone:
Email Address:	Parent/Guardian Email Address:
Parent/Guardian Address (If Different):	
Sex:	Date of Birth:
Emergency Contact:	Emergency Contact Phone:
Physician Name:	Physician Phone:
Allergies:	Chronic Illnesses:
Medications:	Limitations:
Contact Lenses Worn?	

MEDICAL RELEASE

I authorize employees or agents of Lake Oswego Community Rowing to obtain services of a licensed medical professional, for myself or minor child (under 18 years of age), to examine the above named individual and in the event of injury to render emergency care as he or she deems necessary for medical, surgical, or dental examinations, treatments, surgeries, etc. I authorize Lake Oswego Community Rowing to send the above named individual to the hospital most accessible. I have read the foregoing and do consent to its terms.

Name: _____ **Date:** _____