



# Contact Information

**Rower Name / Nickname** \_\_\_\_\_ **M F**

**Program:**

\_\_\_ Learn to Row Camp  
\_\_\_ Middle School Dev  
\_\_\_ High School Team

**Season:**

\_\_\_ Spring \_\_\_ Summer  
\_\_\_ Fall \_\_\_ Winter

**T-shirt size:**

\_\_\_ Men's \_\_\_ Women's  
XS S M L XL 2XL

**Rower Legal Name** \_\_\_\_\_ As exactly shown on ID,  
to be used for travel

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Mobile # \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Class of: \_\_\_\_\_

Rower lives with \_\_\_\_\_

**Parent Name(s)** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_ cell / home / work (who) \_\_\_\_\_

Secondary phone \_\_\_\_\_ cell / home / work (who) \_\_\_\_\_

LOCR relies heavily on email to communicate with athletes and parents. Please list any email addresses you would like added to our mailing list:

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

Email #3 \_\_\_\_\_

Email #4 \_\_\_\_\_

Please use the area below for any additional parents/guardians who should be contacted:

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ cell / home / work

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ cell / home / work

Email \_\_\_\_\_



# Health Information

Rower Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Medications \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

### **Medical Release**

I authorize employees or agents of Lake Oswego Community Rowing to obtain services of a licensed medical professional 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.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Swimming Release**

I certify that \_\_\_\_\_ is of good health and is capable of swimming for up to 10 minutes.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

I agree to grant to Lake Oswego Community Rowing (LOCR) and its authorized representatives (including coaches, Board members, and volunteers) permission to record on photography film and/or video, pictures of my participation or that of my child(ren) \_\_\_\_\_. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, social media or website post or other electronic and/or printed materials used to promote LOCR, and further that such use shall be without payment of fees, royalties, special credit or other compensation. Use of photos of minors will not include names or any other identifying information unless first approved by a parent or legal guardian.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_