



CAMP RANDALL ROWING CLUB

WeCanRow

EMERGENCY CONTACT INFORMATION FORM

Please Print Clearly

Rower Information:

Name: _____ D.O.B. _____

Address: _____

Telephone (Home): _____ (Cell): _____

Rower's Email: _____ (This will be included in the CRRC/WCR e-mailings. This is the Club's primary form of communication.)

Emergency Contacts:

1) Name: _____

Telephone (Home): _____ (Cell/Work): _____

2) Name: _____

Telephone (Home): _____ (Cell/Work): _____

Medical Information:

Rower's Primary Care Physician: _____ Phone: _____

Local Hospital of Choice: _____

Health Insurance Plan: _____

Group Number: _____ Subscriber Number: _____

Rower's Health Status (medical conditions/restrictions/allergies, etc.):

Medications: _____

Swimming Skills: ___ Able to swim well for 50 yards and tread water for 4-5 minutes
___ Unsure

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Participant Signature: _____ **Date:** _____