

GRA Emergency Contact Form - Spring 2018

Rower Information				Parent Information			
Name (First, Last)				Father Name			
Birth Date				Mother Name			
Address				Address			
Phone (H)				Father Work Ph			
Cell				Mother Work Ph			
Rower Email				Father Cell			
Grad Year				Mother Cell			
Mother Email				Father Email			
Uniform Information	Height		Weight		Chest		
	Inseam		Body Type		Pants		
	T-Shirt (S,M,L,XL)			Other Info			
EMERGENCY CONTACT INFORMATION							
Emergency contact name							
Phone Number							
Relationship to Rower							
MEDICAL INFORMATION							
Physician Name							
Physician Phone Number							
Dentist Name							
Dentist Phone Number							
Insurance Company							
Insurance Group #/Policy#							
PLEASE LIST BELOW ANY AND ALL MEDICAL INFORMATION THAT A DOCTOR OR EMT MAY NEED IN THE EVENT OF AN EMERGENCY							
Allergies							
Date of last tetanus							
Current Medications							
Prescription/Dosage							
Over the counter							
Recent Medical Issues							
Know Medical Issues							
Other							

This permission will be used only if a team member is injured and parents or guardians cannot be reached to obtain permission for emergency treatment.

We the parents or guardians of _____ grant permission to authorized GRA representatives to sign for medical attention while participating in Crew for the year 2018.

Parent Signature:

Date:

Thank you for your cooperation. All of the above information is confidential and will be treated as such. If you have any questions or concerns, please contact a Coach or the Club President.