

DAYTON BOAT CLUB

ROWER CONTACT & EMERGENCY NOTIFICATION FORM

Name _____ DOB _____ Graduation Year _____

Address _____ School Attending _____

City, State, Zip _____

Home Phone _____ Rower's Cell _____

Name of Most Available Parent/Guardian (MAP/G) _____

MAP/G: Work Phone _____ Home Phone _____ Cell Phone _____

Alternate Contact _____ Phone _____

Parent's Email Address _____

Please list all allergies, including medicine _____

Please list any significant health problems or daily medications taken _____

Physicians Name _____ Phone _____

Dentist's Name _____ Phone _____

I **DO** authorize the Dayton Boat Club coach, the members and/or officers of the Dayton Boat Club and or any other medical facility designated by said persons or camp staff to provide necessary medical services for the treatment of illness or injury including diagnostic procedures such as laboratory tests and x-rays. I understand I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

Signature of Parent/Guardian

Date

I **DO NOT** authorize the Dayton Boat Club coach, the members and/or officers of the Dayton Boat Club and or any other medical facility designated by said persons or camp staff to provide necessary medical services for the treatment of illness or injury including diagnostic procedures such as laboratory tests and x-rays. I understand I will be notified in case of serious illness or injury, or if surgical treatment is necessary.

Signature of Parent/Guardian

Date

SWIMMING CERTIFICATION

I understand that the ability to swim is an important safety consideration for the sport of rowing, and hereby certify that the above named participant is able to swim.

Signature of Parent/Guardian

Date