

# Junior Crew

## Emergency Information Form

Email is our primary means of communication. Please keep us informed of any changes in your email address or phone numbers.



I recognize that any sports activity such as rowing may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. I understand that North Cascades Crew, the City of Lake Stevens, Snohomish County, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from my participation in the North Cascades Crew rowing program. In the case of an accident or illness when I am not able to give consent for medical care; I hereby give permission for the participant named below to receive emergency medical treatment.

Name of Athlete: \_\_\_\_\_ Athlete's Date of Birth: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### FIRST PERSON TO CONTACT IN AN EMERGENCY:

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

### ALTERNATE PERSON TO CONTACT IN AN EMERGENCY:

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

### ATHLETE'S HEALTH INFORMATION. UPDATE THROUGHOUT THE YEAR AS NEEDED

ATHLETE'S AGE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL CONCERNS AND CONDITIONS, PREVIOUS INJURIES: \_\_\_\_\_

Cardiac \_\_\_\_ Asthma \_\_\_\_ Seizures \_\_\_\_ Diabetes \_\_\_\_

LIMITATIONS ON ACTIVITIES: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PHYSICIAN: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ GROUP/POLICY NUMBER: \_\_\_\_\_