

Masters Crew Emergency Information Form

I recognize that any sports activity such as crew 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 in I am not able to give consent for medical care; I hereby give permission to receive emergency medical treatment.

Signature of Participant _____ Date _____

Printed Name _____

FIRST PERSON TO CONTACT IN AN EMERGENCY:

Name: _____

Phone (home): _____ Phone (work): _____ Cell: _____

ALTERNATE PERSON TO CONTACT IN AN EMERGENCY (required):

Name: _____

Phone (home): _____ Phone (work): _____ Cell: _____

PARTICIPANT HEALTH INFORMATION. UPDATE THROUGHOUT THE YEAR AS NEEDED

PARTICIPANT'S AGE: _____

ALLERGIES: _____

MEDICATIONS: _____

MEDICAL CONCERNS AND CONDITIONS, PREVIOUS INJURIES: _____

LIMITATIONS ON ACTIVITIES: _____

COMMENTS: _____

PHYSICIAN: Name: _____ Phone: _____

PREFERRED HOSPITAL: _____

INSURANCE COMPANY: _____

PHONE NUMBER: _____ GROUP/POLICY NUMBER: _____