

Rower's Full Name _____

Circle: Male female novice varsity

DOB _____ School _____

Rower's cell phone number: _____

Relevant Emergency Medical Information/ Allergies:

Parent's emergency numbers (one completed call will be made, please order the numbers accordingly)

Name	Number

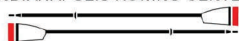
Non-parent emergency contact (to be used if above numbers are unavailable)

Name _____

Phone Number _____



INDIANAPOLIS ROWING CENTER



Spring 2009