

**OAR Jr. Crew**  
**Emergency Contact Information**  
(Please print clearly)

**Rower's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Sex: Female Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School Attending: \_\_\_\_\_ Year in School: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Parent or Guardian #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Parent or Guardian #2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Emergency Contact (Other than Parent):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Relationship to rower: \_\_\_\_\_

**Medical Contact information:**

Rower's Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
Hospital Preference (if any): \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_  
Group/Policy/ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give OAR Jr. Crew personnel permission to give or seek any medical or surgical treatment as deemed necessary for my son/daughter while participating in crew in my absence. I also authorize release of any medical information or records deemed necessary for treatment.

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Date