

Freedom Rowers
P. O. Box 3086
Easton, Maryland 21601

Emergency Contact Information

Rower's Name _____

Sex _____ Date of birth _____ Age _____ Grade/School _____

Street address _____

City _____ State _____ Zip _____

Telephone _____ Rower's Cell Phone _____

Name of parent or guardian _____

Street address _____

City _____ State _____ Zip _____ Telephone _____

Parent Cell Phone _____

Rower's e-mail _____

Parent's e-mail _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____

Telephone _____ Cell Phone _____

Name _____ Relationship _____

Telephone _____ Cell Phone _____

Name of health insurance carrier: _____ Group/Agreement number: _____

Who is your doctor and where is s/he located? Phone number?

Who has your medical history? Phone number?

We ask that you have your doctor complete a sports physical, indicating that nothing about your health should restrict you from participation in the sport of rowing, and send us a letter to this effect.