

Xavier Prep Crew Membership Form

PART A: Athlete Information: **Circle One:** **Varsity** **Novice**

Name: _____ Date of Birth: ____/____/____
Street Address: _____
City: _____ Zip: _____
Phone: ____-____-____ Cell ____-____-____ Email: _____
Home Room _____ Year of Graduation _____
Returning/Varsity/JV Rowers
US Rowing Number _____ Exp. Date: _____ Began Rowing: ____/____/____
Mo year

PART B: Parent(s) Information

Mother's Name _____
Address (if different): _____ City: _____ Zip: _____
Phone: ____-____-____ Cell ____-____-____ Email: _____
Occupation/Special Talent _____
(If you wish to list, please do so. It may assist Xavier Prep Crew in finding the right person if your expertise is needed).

Father's Name _____
Address (if different): _____ City _____ Zip _____
Phone: ____-____-____ Cell: ____-____-____ Email _____
Occupation/Special Talents: _____
(If you wish to list, please do so. It may assist Xavier Prep Crew in finding the right person if your expertise is needed)

PART C: Athlete's Medical Information

Allergies: _____
Medication: _____
Recent Illness: _____
Limitations: _____

Physician's signature (required only if limitations are listed above) _____
Physician's Name: _____ Telephone Number: ____-____-____

PLEASE NOTE: ALL XCP CREW ATHLETES ARE REQUIRED TO HAVE A CURRENT PHYSICAL ON FILE IN THE NURSE'S OFFICE BEFORE THEY WILL BE ALLOWED TO PARTICIPATE.

PART D: Emergency Contact Information and Medical Authorization

Name of Emergency Contact: _____ Phone: ____-____-____
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Name of Emergency Contact: _____ Phone: ____-____-____

All Xavier Prep Crew participants must be covered by health or accident insurance. Please list the following information:

Company Name: _____ Policy# _____
Claims Address _____

I understand that in the event of illness or a serious injury to my child, the coach, athletic trainer, chaperone or on-sight administrator will attempt to contact me by calling the listed phone numbers. If I cannot be reached, and the coach, athletic trainer, chaperone or on-sight administrator feels the injury is serious enough to warrant emergency treatment, that person will phone our family doctor and an ambulance and my child will receive emergency treatment. This procedure is acceptable to me.

Signature of Parent/Guardian _____ Date: _____

Please attach a photocopy of FRONT AND BACK of athlete's health insurance card to this form.