



Xavier Prep Crew

MEMBERSHIP FORM

ATHLETE INFORMATION

Name:		
Date of Birth:	Phone:	Mobile Phone:
Address:		
City:	Zip Code:	Varsity Novice
Began Rowing (Mo/Yr):	Xavier Email:	
Graduation Year:	Home Room #:	Shirt Size:
Insurance Carrier:	Policy #:	Claims #:

PARENT(S) INFORMATION

Mother's Name:		
Address (if different):		Phone:
City:	State:	Zip Code:
Date of Birth (for Travel):	Email:	Mobile Phone:
Occupation/Special Talent:		
Father's Name:		
Address (if different):		Phone:
City:	State:	Zip Code:
	Email:	Mobile Phone:
Occupation/Special Talent:		

ATHLETE'S MEDICAL INFORMATION

Allergies:	
Medications:	
Recent Illness:	
Limitations (if listed please have form signed by physician below):	
Physician's Name:	Physician's Signature:
Physician's Phone:	Date:

Please Note: All XCP Crew Athletes are required to have a current physical on file with the XCP Nurse's Office prior to being allowed to participate.

EMERGENCY CONTACT INFORMATION AND MEDICAL AUTHORIZATION

Name of Emergency Contact:	Phone:
Name of Emergency Contact:	Phone:
I understand that in the event of illness or 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 contact emergency services and my child will receive emergency treatment. This procedure is acceptable to me.y	
Signature of Parent/Guardian:	Date:
Signature of spouse (only if for a joint membership):	Date:

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