



Applicant's Photo

Fox Chapel Crew Club Membership Application

Personal Information:

Name of Rower _____ US Rowing # _____ exp _____

Address _____

Home phone _____ Cell # _____ FAX# _____

Date of Birth _____ Age _____ Grade _____ Weight _____ Height _____

Contact Information:

Mother's name _____ Father's name _____

Address _____ Address _____

Home phone _____ Home phone _____

Work phone _____ Work Phone _____

Rower email _____

Parent email _____

Please indicate the email address at which you would like to receive parent communications

In case of emergency: please contact:

Name _____ Address _____

Home phone _____ Work phone _____

Relationship _____

Please fill out other side

Health information:

Health Insurance Company _____

Policy Holder's name _____

Policy number _____ Group number _____

or other information

Primary Care Physician _____

Physician's Address _____

Physician's Phone # _____

Health problems, disabilities, or special needs

Allergies: _____

Medications:

Other Health Concerns you would like us to be aware of :

