



Triangle Rowing Club



Rowing Season 20____ - 20____

ROWER'S INFORMATION

Name: _____ Age / Birthday: _____ (_ / _ / _)

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

School: _____ Grade: _____ Male or Female: M F

Email: _____ IM Screen Name: _____

PARENTS' INFORMATION

Mother / Guardian Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ IM Screen Name: _____

Father / Guardian Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ IM Screen Name: _____

Emergency Contact Name/Phone: _____

(Someone other than the listed parents/guardians we can call in an emergency.)

Skill or Contacts you might be willing to share with the team: _____

DUES PAID? Yes No Date: _____ Check # _____ Cash _____ **STATUS:** Novice Varsity

RECEIVED SIGNED WAIVER / PERMISSION SLIP? Yes No **PASSED SWIM TEST?** Yes No Date: _____
UNISUIT PURCHASED? Yes No Date: _____ Check # _____ Cash _____ Size _____