

# Woodbridge Crew Registration

Season: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB (MM/DD/YYYY): ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Student Id: \_\_\_\_\_

Rower Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Rower E-mail: \_\_\_\_\_

Seasons of Rowing Experience: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Position(select one): Rower \_\_\_\_\_ Coxswain \_\_\_\_\_

## Parent/Guardian Information

*Please circle the phone number below that is most available in case of emergency.*

Preferred e-mail for Woodbridge Crew E-mails: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work/Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Father/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work/Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

## Medical Insurance:

Company Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Rower Signature: \_\_\_\_\_