River City Rowing Club Junior Crew
Rower/Coxswain Information Sheet
Learn-to-Row 2010

Please print legibly:

Rower/Coxswain Information:

Name: Last First Middle Birth date

Address: Number, Street City State Zip

Home Phone Number:_____ Rower/Cox'n Cell Number:_____

Rower/Cox'n E-mail Address:_____School/Upcoming Grade:_____

Height: _____ Weight: _____ Gender of Rower/Cox'n:_____

Parent/Guardian Information:

1. Parent/Guardian Name:

Parent/Guardian Address (if different from Rower/Coxswain):

Phone: Day:_____Evening:_____Cell:_____

At which number are you most likely to be reached between 4 pm and 7 pm, Monday – Friday? _____

Parent/Guardian Email Address:

2. Second Parent/Guardian Name:

Address:

Phone: Day: Evening: Cell:

Second Parent/ Guardian Email Address:

Other Pertinent Information:

SESSION ENROLLING IN: (please list dates)