

**Administration Use Only – Do not write in this box**

Health Ins

Student Email

Parent Email

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## Forest Hills Central Crew 2016 Fall Program

Welcome to the 2016 Fall Rowing Program!

Program begins Tuesday, September 13th and ends with a scrimmage and BBQ on Saturday, October 8<sup>th</sup>. Practices will be held: Tuesday/Wednesday/Thursdays from 6-8pm at the Boathouse 8400 Grand River Drive at LeBlanc Row. Open House at the Boathouse 6-8 pm on September 8 for new rowers and parents of new rowers.

**Fall Program Fees:** \$75/rower. Please return payment to your coach by Tuesday, September 13th. Payment payable to FHC Crew Boosters.

Questions? Please contact Coach Sadek at [gsadek@live.com](mailto:gsadek@live.com)

*\* No person will be excluded from membership because of financial need. Please contact Head Coach or Treasurer to make confidential payment arrangements.*

Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Athlete e-mail Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Athlete Telephone Number – Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

More than one athlete on team in this household? \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

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Primary Address: \_\_\_\_\_

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

Parent/Guardian name(s): \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

Parent/Guardian Telephone Number – Home: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

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Secondary address (if applicable): \_\_\_\_\_

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

## HEALTH INSURANCE INFORMATION

(To be used in the case of emergency – All information will be considered confidential)

**Insurance Company Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_

Please list health problems or physical restrictions your child has (i.e., allergies, diabetes, migraine, asthma, etc.)

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Please list medications your child takes regularly or must have with him/her at all times (i.e., inhalers, insulin, bee sting kit, etc.) We will keep spare inhalers, bees sting kits etc. in our medical kit if you wish provided it is properly identified with athletes' name. The athlete is responsible for use of any such items.

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Do you have a hospital preference or best available if an emergency should occur in the Grand Rapids area?

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

*A copy of this form is kept at the Boathouse and with the coaching staff when traveling. Please use back if more space is needed*