

Administration Use Only – Do not write in this box

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2017 Forest Hills Central Crew Team

Welcome to the 2017 FHC Crew Team! Program begins with mandatory practice, Monday, March 13. Check website www.fhccrew.org for practice times for your team (Men's Varsity, Women's Varsity, Men's Novice & Women's Novice). Registration and Parent Meeting will be held in the Forest Hills Central High School Cafeteria March 9, 7 pm.

Spring Program Fees: \$350/rower. Please bring payment to your coach by Monday, March 13th. Check payable to FHC Crew Boosters.

Questions? Please contact Coach Sadek at 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:** _____

Novice or Varsity? Circle (hint: if you have never rowed a spring season, you are a Novice Rower)

Date of Birth: _____ **Height:** _____ **Weight:** _____

Athlete E-mail: _____ **Tank Size:** _____

Athlete Phone– Cell: _____ **Home Phone:** _____

More than one athlete on team in this household? _____ **Name:** _____

Name: _____

Dietary Restrictions: _____

Primary Address: _____

City: _____ **Zip:** _____

Parent/Guardian name (#1): _____ **Best Phone:** _____

Parent/Guardian name (#2): _____ **Best Phone:** _____

Parent/Guardian e-mail: _____

Cell number other than athlete you would like text alerts sent to: _____

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.)

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.

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: _____

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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

Please note: This does not take the place of mandatory health form kept in the FHC office. You still need MHSAA health from turned into the office before starting practice.