



## 2009 SUMMER CAMP APPLICATION

**PLEASE PRINT**

**Student's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Rower's Phone:** \_\_\_\_\_

**Rower's E-Mail** \_\_\_\_\_ **Parent's E-Mail** \_\_\_\_\_

**Parent/Guardian Names:** First \_\_\_\_\_ Last \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_

**T-Shirt Size (please circle):** S M L XL

Please list any physical limitations such as allergies, asthma, medical conditions, etc. that may affect rowing (ex. knee, breathing or heart problems). List all medications and what they are taken for:

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Who referred you to SCC? \_\_\_\_\_