



ROWER APPLICATION

PLEASE PRINT

New _____ Returning _____

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 _____

Height: _____ Weight: _____ T-Shirt Size: 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: _____

Do you have any prior rowing experience? If so, list type, side, years: _____

Will you be participating in any other sports? List: _____

Will you be participating in any other school activities? List: _____

Who referred you to SCC? _____

Have you ever been suspended from school? _____ Explain: _____

Have you ever been suspended from any organization? _____ Explain: _____

Have you ever been suspended from this organization? _____ Explain: _____
