



2017-2018 WSHS Crew Registration



STUDENT NAME (**Last, First**): _____ STUDENT ID# _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB (MM/DD/YY): _____ GRADE: _____ GENDER: M or F

ROWER BEST CONTACT NUMBER:() _____ - _____

ROWER EMAIL: _____ ROWING EXP. (**YRS**): FALL _____ SPRING _____

POSITION (**CIRCLE ONE**): ROWER OR COXSWAIN T-SHIRT SIZE: S / M / L / XL

PARENT (OR GUARDIAN) INFORMATION:

MOTHER (guardian) NAME _____

EMAIL: _____

BEST CONTACT NUMBER: () _____ - _____ (CELL/HOME/WORK)

FATHER (guardian) NAME: _____

EMAIL: _____

BEST CONTACT NUMBER: () _____ - _____ (CELL/HOME/WORK)

MEDICAL INSURANCE POLICY: _____

POLICY #: _____

*****IMPORTANT*** LIST ONE EMAIL YOU WANT ALL CREW EMAILS SENT TO:**

Parent Signature: _____ Rower Signature: _____