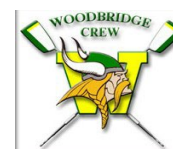




2021-2022 WSHS Crew
Winter Training
Registration



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 (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: _____