Our Lady of Mercy High School Crew

1437 Blossom Road Rochester NY 14610 585-288-7120

Season Registration & Emergency Treatment Form

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____

STREET CITY STATE ZIP

HOME PHONE _____ DATE OF BIRTH _____ AGE _____ GRADE _____ NOVICE_____VARSITY_____

CELL PHONE _____ EMAIL ADDRESS_____

FATHER/GUARDIAN INFORMATION

NAME _____ HOME PHONE _____ WORK PHONE_____ CELL PHONE _____

ADDRESS (IF DIFF) _____ EMAIL ADDRESS _____

MOTHER/GUARDIAN INFORMATION

NAME _____ HOME PHONE _____ WORK PHONE_____ CELL PHONE _____

ADDRESS (IF DIFF) _____ EMAIL ADDRESS _____

EMERGENCY CONTACT (IF PARENT IS NOT AVAILABLE)

NAME _____ HOME PHONE _____ WORK PHONE_____ CELL PHONE _____

ADDRESS_____ RELATIONSHIP TO ROWER _____

HEALTH INFORMATION

PHYSICIAN'S NAME _____ PHONE _____ ADDRESS_____

HEALTH INSURANCE CARRIER_____ I.D. POLICY # _____

SUBSCRIBER NAME _____ CARRIER PHONE _____

MEDICAL INFORMATION – CHECK ALL ITEMS THAT APPLY TO STUDENT'S HISTORY – PAST OR PRESENT

Condition	Yes	No	Explanation and Date
Allergies			
Asthma/Inhaler			
Diabetes			
High Blood Pressure			
Convulsions/Seizures			
Bleeding Disorders			
Heart Trouble			
Head/Back/Neck Injury			
Bone Breaks/Fractures			
Shoulder/Knee Injuries			
Regular Prescription			
Glasses/Contacts/Hearing			
Special Nutritional Needs			
Any Physician Restrictions			
Other - Explain			
Up to Date Tetanus Shot			Must Provide Date:

STATEMENT OF MEDICAL CONDITIONS AND CONSENT

I hereby authorize my daughter _____ to participate in Our Lady of Mercy Crew activities, and authorize an adult member of the school and of Mercy Crew Inc. to obtain medical attention or hospitalization which a physician deems necessary for the well being of my child, in the event of an unexpected emergency.

PARENT/GUARDIAN SIGNATURE _____ DATE _____