

**Freedom Rowers**  
P. O. Box 3086  
Easton, Maryland 21601  
410-829-1691

**Emergency Contact Information**

Rower's Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Rower's Cell Phone \_\_\_\_\_

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Name of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Rower's e-mail \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

*If person named above is not available in the event of an emergency, notify*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of health insurance carrier: \_\_\_\_\_

Group/Agreement number: \_\_\_\_\_

Who is your doctor and where is s/he located? Phone number?

Who has your medical history? Phone number?

*We ask that you have your doctor complete a sports physical, indicating that nothing about your health should restrict you from participation in the sport of rowing, and send us a letter to this effect.*