



**G-ROW BOSTON**

# Summer Program 2009

- \_\_\_ Session I July 13-17 9:30am-1:30 pm
- \_\_\_ Session II July 27 – July 31 9:30am-1:30 pm
- \_\_\_ Session III August 10-14 9:30am-1:30 pm

Applicant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Email: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

**EMERGENCY CONTACT:**

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

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Alternate emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

**Health Information:**

Physician: \_\_\_\_\_ Office Location \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Medical Policy #: \_\_\_\_\_

Asthma: Yes \_\_\_ No \_\_\_ Inhaler: Yes \_\_\_ No \_\_\_ type \_\_\_\_\_

Diabetes: Yes \_\_\_ No \_\_\_ type: \_\_\_\_\_ Insulin: Yes \_\_\_ No \_\_\_

History of seizures: Yes \_\_\_ No \_\_\_ type/reason: \_\_\_\_\_

Allergies: Yes \_\_\_ No \_\_\_ type: \_\_\_\_\_ Medication \_\_\_\_\_

Any other medical concerns: \_\_\_\_\_

Rowing experience: (circle one) none one year or less more than one year

Swim test certified: yes no

How did you hear about this program? \_\_\_\_\_

Will you need transportation to and from the boathouse? \_\_\_Yes \_\_\_No

*(Community Rowing is a mile from the nearest "T" stop. Transportation will be provided from Ruggles if necessary.)*

Please complete both sides.

**Application Deadline: June 5, 2009**

**Return to: G-ROW BOSTON, 20 Nonatum Road, Brighton, MA 02135**

**Phone: 617-779-8277 Fax: 617-779-8269**

***Space is limited—apply early!!!***

**G-ROW BOSTON  
SUMMER PROGRAM WAIVER  
2009**

G-ROW BOSTON (a program of *Community Rowing, Inc.*), G-ROW BOSTON staff, and the participating rowing and/or swimming facilities shall not be liable for any claims, demands, injuries, or damages to the student noted above (1) resulting from her participation in the G-ROW BOSTON summer program or (2) in connection with the student's use of the rowing facility, equipment, or premise where these programs take place.

The student noted above and her parent/legal guardian shall save G-ROW BOSTON (a.k.a. *Community Rowing, Inc.*), G-ROW BOSTON officers, directors, employees, and agents and the participating rowing facility harmless against any and all injury, loss, or damage and any and all claims for injury, loss, or damage or whatever nature (1) resulting from the student's participation in the G-ROW BOSTON summer programs or (2) in connection with the student's use of the rowing facility, equipment, or premise where these programs take place.

**EMERGENCY MEDICAL AUTHORIZATION:**

**We would like you the Parent/Guardian to be aware that rowing does present risks and if a situation arises we would not hesitate to seek emergency care. We ask you to sign this section so that if by chance you cannot be reached in an emergency, your child may receive medical treatment as soon as possible.**

I hereby authorize and consent to the administration of any and all medical, dental and surgical examinations or operations and treatment or all other related care, including the administration of tests, drugs, anesthesia and/or blood transfusions to the below named minor person that may be ordered by a Physician, Dentist and/or any Emergency Medical professional in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_