



G-ROW BOSTON

Summer Program 2010

___ Session I	July 12- July 16	9:30am-1:30 pm
___ Session II	July 26 – July 30	9:30am-1:30 pm
___ Session III	August 9-13	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 4, 2010

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
2010**

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: _____