



RIVERSIDE BOAT CLUB

SINCE 1869 • 769 MEMORIAL DRIVE, CAMBRIDGE MA 02139

Summer Junior Application 2018

Athlete Name _____

Address _____

City/State/Zip _____

Home Phone _____

Athlete Cell Phone _____

Athlete E-mail _____

Parent E-mail _____

High School and Class Year _____

Port _____ Starboard _____ Sculler _____ (check all that you row)

2k Score _____

Describe your rowing experience _____

Height _____ Weight _____ Birthdate _____

Coach's Name and contact

Unisuit Size (JL sizing) _____

Emergency Contact Information

Camper Name _____

Home Address _____

Physician Name _____

Physician Phone _____

Health Insurance Carrier _____

Insurance Policy/Group No. _____

Parent/Guardian Name _____

Relationship to Camper _____

Home Address _____

Parent/Guardian Cell Phone _____

Emergency Contact 1 Name _____

Relationship to Camper _____

Emergency Contact 1 Phone _____

Emergency Contact 2nd Phone _____

Emergency Contact 1 Name _____

Relationship to Camper _____

Emergency Contact 1 Phone _____

Emergency Contact 2nd Phone _____

Medical Treatment Consent

In case of emergency, if parent or guardian cannot be reached, I hereby grant local Emergency Department to provide urgent medical treatment for my child, including sutures, X-rays, if necessary

Signature of Parent _____

Date _____

Health Form

If you are submitting your health care provider's medical form, you do not need to complete this form

Name of Child _____

Date of Birth _____

Parent name and phone number during camp _____

Immunizations: complete dates for all required immunizations must be provided. Religious or medical exemptions from these immunizations must be documented by parent or health care professional.

Required immunizations for camp attendance:

Measles (must be given age 1 or older) measles vaccine or combined MMR, 2 doses required

Mumps (mumps vaccine or 1 MMR)

Rubella (rubella vaccine or 1 MMR)

Polio (minimum 3 doses)

Tetanus (DTP, DT, Td, DtaP, 4 doses required, plus a booster of TD if 10 yrs since last dose)

Hepatitis B (Required if birthdate 1992 or later)

Tuberculosis testing or "low risk" assessment

Medication: List medication child will be taking during camp _____

Allergies (food, drugs, insect stings) _____

Date of last complete physical (must be within 24 months) _____

Parent signature _____

Date _____

Other Requirements:

Certificate of competency in swimming. Campers should be able to swim 100 yards and remain afloat for 5 minutes (please contact camp director with questions).

Valid Passport.

Signed Waiver.