

**Community Rowing
Athlete Travel Information Sheet**

Please complete this form and return to your coach by Friday July 13, 2007.

Rowers Name: _____ Date of Birth: ____/____/____
D / M / Y

Emergency Contacts

Name	Relationship to Rower	Phone Number
1. _____	_____	Day _____ Eve. _____
2. _____	_____	Day _____ Eve. _____
3. _____	_____	Day _____ Eve. _____

Medical Information:

List prescription medication that rower will be carrying with them (include asthma inhaler).
Include prescribing doctor's name and phone number and pharmacy name phone number:

List Medical Insurance Company Name, Phone Number and ID number:

Describe any pertinent medical conditions Allergies, Asthma etc. (Use back of form if necessary)
