

Please Complete the Following Important Information for Navy Rowing Winter Clinic

I. Participant Information

Participant First Name: _____
Participant Last Name: _____
Participant Sex: _____
Participant Birth Day: _____

II. Health Information

Family Physician Contact Information: _____
Health Insurance Company: _____
Policy Number: _____
Allergies to Medication: _____
Additional Medical Problems: _____

III. Emergency Notification

Name: _____
Relationship: _____
Telephone: _____

IV. Medical Treatment Authorization

I/We authorize the Naval Academy Athletic Association, the specific camp and its agents, permission to request medical treatment as necessary to insure the well-being of myself/participant.

(Participant or Guardian Signature)

(Date)

V. Insurance

I attest that I am in good health and able to participate in all activities. I (am/am not) attaching a statement explaining special physical limitations and/or required medication. Please indicate if the participant suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Naval Academy Athletic Association accepting this waiver, I/we here by agree to save and indemnify and keep harmless the Naval Academy Athletic Association, its agents and employees against any and all liability, claims, judgments or demands for damages arriving as a result of injuries sustained by the participant during or as a result of any course given the applicant by the Naval Academy Athletic Association.

(Participant or Guardian Signature)

(Date)