

Handbook Information Form

Season: 200___-201___

Check here if you DO NOT want your contact information released in the crew booster roster

Name: _____

Male___ Female___ Grade_____

Parent/guardian Name: _____

Home phone: _____ Parent/guardian Cell phone: _____

Rower cell phone: _____

Email: Rower: _____

Parent/guardian: _____

Rower's military affiliation: Dependent of AD Dependent of retired military None
(Circle one)

 Dependent of government contractor Dependent of base civilian worker

Base Access Information:

Currently have base access yes no

Rower will drive to practice yes no occasionally

Full, legal names of ALL who will enter base:

I have read the Mount Vernon Crew Handbook and understand what is expected as a member of the Mount Vernon Crew team including attendance requirements.

Signed: _____ Date: _____

I have read the Mount Vernon Crew Handbook and understand what is expected of my child as a member of the Mount Vernon Crew team.

The coaching staff and chaperones have permission to give my child over the counter medications. (circle one) yes no

I give permission for my child to ride in vehicles driven by the coaching staff, parent volunteers and chaperones. (circle one) yes no

Parent/
guardian signature: _____ Date: _____