REACH

Rowing Experiences
Advancing Cardiovascular Health

REACH Crew Member Information Form (Confidential)

Full Name of Student-Athlete: _____

Graduation Year (example: 2021-2022):_____ - _____

Student **School** Email Address (print): S ☐☐☐☐☐☐@ student.knoxschools.org

Home Address (Street, City, State, Zip):_____

_____

Primary Parent/Guardian Phone Contact Information:

Primary Parent/Guardian Name: _____

Primary Parent/Guardian Relationship:_____

Primary Parent Home Phone: (_____) _____- _____ ☐ preferred in case of emergency

Primary Parent Work Phone: (_____) _____- _____ ☐ preferred in case of emergency

Primary Parent Cell Phone: (_____) _____- _____ ☐ preferred in case of emergency

Primary Parent Email (print):

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Email Type: ☐ Personal ☐Work

Athlete Medications/Allergies/Limitations (please be specific): _____

_____

_____

_____

Other Athlete Information:

T-Shirt Size: ☐ XSmall ☐ Small ☐ Medium ☐ Large ☐ XLarge ☐ XXL

Foot Size (include half sizes): _____ ☐ Men's ☐ Women's

Body Weight (in pounds, approximate): _____

Birthday (mm/dd/yyyy):_____