



Date:

I. Athlete Personal Information			
Full Name:		Nickname:	
Street Address:			Zip Code:
Date of Birth:	Gender: Male Female	Email:	
Best way for PCR to contact you: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Email			
Cell Phone:		Home Phone:	
School:		Grade: <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	
Can you swim 25 yards (length of pool) without stopping or touching the bottom? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other sports/ activities you are involved in:			
Do you have a transportation pass for school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, how many tokens do you need to get to practice?			
How many tokens & transfers would you need to get to Lloyd Hall on weekends? _____ Tokens _____ Transfers			

II. Parent/Guardian Information			
Primary Parent/ Guardian Name:		Are you the Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship (select one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please explain):			
Home Phone:	Cell Phone:	Work Phone:	
Email:		2 nd Email Address:	
Alternate Contact Name:			
Relationship (select one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please explain):			
Primary Phone:		Email Address:	



III. Medical History

Does your child have any medical conditions (i.e. diabetes, asthma, seizure disorder)? Yes No

If **YES**, please tell us what condition(s) your child has:

Does your child take any medication? Yes No

If **YES**, please list medication(s) with dosage amount, frequency and purpose:

Does your child have any allergies? Yes No

If **YES**, please list allergies:

Has your child suffered any injuries in the last 18 months? Yes No

If **YES**, please describe the injury(ies) and your child's current condition:

Will any medical condition, medication, allergy or injury affect your child while he/she is rowing, running or swimming?

Yes No If **YES**, what precautions should be taken while your child is participating in these activities:

Does your family have any history of heart problems at a young age? Yes No If **YES**, please explain:

Is there anything else PCR should know about your child's health? Yes No If **YES**, please explain:

Date of last physical exam (must be current/ within one year to participate in rowing):

Does your family have medical insurance? Yes No

Name of Insurance Carrier:

Plan or Policy #:



IV. Confidential Demographic Information

The information in this section is used to help PCR apply for grants that serve specific populations and better understand the needs of our program participants. It will not be used to identify specific individuals or be shared with other athletes/parents.

Name:	Participant's Name(s):
-------	------------------------

Participant Lives With: Single Parent Two Parents Foster Parent/Guardian
 Grandparents Other (please explain):

Number of People Living in Household:

Total Annual Income (before taxes): <i>Should you care to put your exact income, we gladly will accept that as well.</i>	<input type="checkbox"/> Under \$15,000	_____
	<input type="checkbox"/> \$15,000 to \$24,999	_____
	<input type="checkbox"/> \$25,000 to \$49,999	_____
	<input type="checkbox"/> \$50,000 to \$64,999	_____
	<input type="checkbox"/> \$65,000 to \$79,999	_____
	<input type="checkbox"/> \$80,00 to \$99,999	_____
	<input type="checkbox"/> \$100,000 to \$150,000	_____
<input type="checkbox"/> \$150,000 to \$200,000	_____	
<input type="checkbox"/> \$200,000 or more	_____	

Ethnicity: African American/ Black Asian
 Caucasian/ White Hispanic/ Latino
 Middle Eastern Native American
 Pacific Islander Southeast Asian
 Multiracial Other (please explain):

Do You or Your Child Qualify For:	Yes	No
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Free or Reduced Price School Lunches	<input type="checkbox"/>	<input type="checkbox"/>
Medicare/ Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Other Government Assistance Programs	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of the above, please describe:

Your Education (check all that apply):	<input type="checkbox"/> High School	<input type="checkbox"/> College/ University	<input type="checkbox"/> Advanced Degree (Masters/ PhD)
Year Graduated:	_____	_____	_____
GPA :	_____	_____	_____



V. Waiver and Authorizations

Photo Release

I give PCR permission to use my child's photo in materials that promote PCR. This may include brochures, newsletters, the Internet or other electronic media, magazines or television.

I agree to the above: Yes No

Liability Waiver and Permission

In consideration of PCR permitting my child to participate in PCR's activities and programs, I, on behalf of myself and my child, hereby release, discharge and agree to indemnify and hold harmless the City of Philadelphia (the "City"), PCR and both the City's and PCR's officers, directors, employees, subcontractors, volunteers and agents from any and all claims, liabilities or causes of action arising out of (1) the student's participation in PCR's activities and programs, or (2) the student's use of PCR's rowing facility, equipment, or other premises where practices and competitions take place.

I hereby give my child permission to participate in any and all programs associated with PCR, including, but not limited to, PCR's rowing and educational programs and field trips related thereto. I understand that PCR activities may include one or more of the following: rowing on the Schuylkill River; indoor training at venues to be specified; competing in regattas in and out of Pennsylvania; swim test and swim lessons; and other such activities, including tutoring and mentoring, as they relate to the goals of PCR. It is anticipated that PCR will regularly utilize vans and/or cars to transport participants to practices, races, field trips and other events. I hereby give my permission for my child to be transported either (i) with the entire team to these events in the vans and/or cars used by PCR for transportation to these events or (ii) in the event that vans and/or cars do not have the capacity to transport all the rowers, coaches and other PCR officials and volunteers, in a bus or with one of PCR's employees, coaches, officials or other volunteers in a private automobile.

I further give my permission to PCR to give consent on my behalf in the event of the need for the emergency administration of medical treatment which PCR, in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, EMTs, First Responders, Paramedics and Emergency Room Physicians. In consideration of PCR permitting my child to participate in PCR'S activities and programs, I, on behalf of myself and my child, hereby release, discharge and agree to indemnify and hold harmless the City, PCR and both the City's and PCR's officers, directors, employees, subcontractors, volunteers and agents from any and all claims, liabilities or causes of action arising out of such treatment and with respect to the exercise of its and their judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities) which would be necessary for the proper care of my child. I agree to pay and to assume responsibility, for all medical expenses incurred in the treatment of my child.

	For:
Parent/Guardian Signature	Child's Name (Print)
Parent/Guardian Name (Print)	Date



Philadelphia City Rowing

SPRING 2018 New Athlete
Enrollment Form
