

**TEAM SAQUISH ROWING EDUCATION SOCIETY, INC  
YOUTH HEALTH FORM**

Students Name \_\_\_\_\_

Address \_\_\_\_\_ Town/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact person in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical History \_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

Doctor's Name and # \_\_\_\_\_  
\_\_\_\_\_

Allergies (medications, bees) \_\_\_\_\_

Does your child swim?      Yes      No      (please circle one)

I understand, agree that the information above is true and correct to the best of my ability. I understand that under Coast Guard regulations my son/daughter may not have to wear a life jacket but TEAM SAQUISH ROWING EDUCATION SOCIETY, INC provides one in the event one is needed. Choosing to wear the life jacket is at the discretion of the parent/guardian, and may be required to be worn by law or the Cox.

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_