

Raritan Valley Rowing Camp
at
Rutgers University
Junior Men's and Women's Camp

Rutgers University, Crew Office, College Avenue Gym, 130 College Ave., New Brunswick, NJ 08903

Personal Background

Name _____ Age _____ M _____ F _____

Allergies _____ if so, what care must be taken?

Any Physical Limitations? _____

Medications? _____ If so, what are the arrangements essential for taking medications?

Any particular fears? _____

Any dislikes? _____

Can you swim? _____

Parents' Address _____

Parent's cell phone number _____

Name and phone number of authorized person if parent/guardian cannot be reached in an emergency.

Signed _____

Parent or Guardian

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Family Physician Form

* To be completed by family physician

_____ has been examined by me on _____,
Name Date

and has been found to be in satisfactory health and free of disease. There are no apparent contraindications to participating in all crew activities.

Note all special precautions to be considered (i.e. allergies, handicaps, physical limitations) and offer any pertinent comments.

Date of last Tetanus shot _____

Physicians Signature: _____

Address: _____

Phone # _____

- Physicals performed by the school physician or school nurse will be accepted.

Please include a list of all immunizations with dates including: diphtheria, tetanus, polio, measles, pertussis, mumps, and rubella.

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Insurance Form

Name of Applicant _____

Coverage for accidental injury is required by all participants. In most instances, Family Health Insurance is adequate. Please indicate your Family Health Insurance Plan

Health Insurance Co. _____ Policy # _____

The local hospital is Robert Wood Johnson University Hospital, New Brunswick, NJ.

Medical Waiver and Release

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions, and even death. In the event of an injury, I authorize the Athletic Trainer, nurses, emergency personnel and doctors to administer First Aid or care as deemed as necessary.

We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Raritan Valley Rowing Camp at Rutgers, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person of activities, or while at camp site.

Applicants Signature

Father's or Guardian's Signature

Date

Mother's or Guardian's Signature

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Authorization to Administer Prescription Medication

_____ Is presently under the care of _____
Name Physician

and is taking the following prescription medication(s):

Please include dose and times of administration along with the condition for which the medication is being used and any cautionary information specific to the medication.

Signature _____
Parent or Guardian

Authorization to Administer Non-Prescription Medication

The following non-prescription medications will be available from the Camp Health Director. Please initial each medication you approve.

Ibuprofen _____
Tylenol _____
Caladryl _____
Benadryl _____

I authorize the administration of the above non-prescription medication(s) as deemed necessary by the Camp Health Director.

Signature _____
Parent or Guardian