

ORCAS ISLAND ROWING ASSOCIATION PERMISSION FORM

The Orcas Island Rowing Association is scheduled to practice Monday through Saturday. The team will also participate in fundraisers throughout the year which are considered team turnouts. Orcas Island Rowing Association will also be traveling to regattas in Washington, Oregon and Canada. Athletes will be supervised at all team turnouts by an OIRA club coach and/or parent/guardian.

As the parent or legal guardian, I have read and understood the above information. I hereby grant my

permission for (ATHLETE NAME) _____ to participate in the activities specified above. In the event of an injury or illness, I hereby authorize a qualified physician to examine the above named athlete, to administer emergency care, and to arrange for any consultation by a specialist, including a surgeon that the physician deems necessary to insure proper care of any injury or illness. I understand that reasonable effort will be made to contact a parent or guardian to explain the nature of the problem prior to any involved treatment.

Signature: _____ Date: _____
(signature of parent or guardian)

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

PRIMARY Adult Contact: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

E-mail address: _____

SECONDARY Adult Contact: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

E-mail address: _____

ATHLETE CONTACT INFORMATION

Name: _____

Mailing Address (if different from above): _____

Date of Birth: _____ Grade: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____