

HARRITON HIGH SCHOOL CREW

Seasonal Information Form

Name: _____

Season: 2020-2021

PERSONAL INFORMATION

Date of Birth: _____

Year (Circle One): Fr So Jr Sr

Guidance Counselor: _____

Homeroom #: _____

Home Address:

Street: _____

City/State: _____ Zip Code: _____

Home No.: _(____)_____ Cell No.: _(____)_____

Student email: _____

Mailing Address (if different from home address):

Street: _____

City/State: _____ Zip Code: _____

Home No.: _(____)_____ Cell No.: _(____)_____

Parent email: _____

Parents' /Guardians' Names:

Mother/Guardian: _____

Father/Guardian: _____

PHYSICAL INFORMATION

Height: _____

Weight: _____

Dominant Hand: _____

ATHLETIC HISTORY

Circle applicable: Port Starboard Sweep Sculling Cox
Heavy Wt. Mid. Wt. Light Wt. No Experience

Rowing History (please list programs other than Harriton Spring Crew):

Year	Coach Club / School	Major Regattas
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Have you competed in any other sport s? (Yes/No):

Year	Sport	Coach	Level o f Competition
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MEDICAL HISTORY

Most Recent Illness: _____

Recurrent Health Problems (please list/if none please indicate):

Regular Medications:

Do you have any ailments that may interfere with or be aggravated by your participation in the sport of rowing? Please circle: Yes No

If yes, please explain:

**What are your personal goals for this season?
(Special Note: Do not leave blank and be specific as possible!!!)**

I fully understand, appreciate, and accept all the policies and terms as outlined by the Harriton Crew General Guidelines, Athletic Training Rules, and Villanova Boathouse Procedures. I, and my parents/guardians, recognize that membership in HBC & HHS Crew is a privilege and not a right. Furthermore, I understand that this membership may be terminated at anytime if I fail to adhere to the standards of Harriton Athletics and the Lower Merion School District. Specifically, I understand that compliance to these policies is mandatory and that failure to do so can result in my suspension or dismissal from Harriton Crew. By signing my name below, I acknowledge that I fully understand the meaning and the intent of this statement.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Official Use Only:

PIAA Form _____ A.T. Rules _____ PSRA Waiver _____
Nova Waiver _____ Swim Test _____

Notes/Comments: