

LBSS CREW REGISTRATION FORM

ROWER INFORMATION

Name: _____ First: _____ Gender: _____ DOB: _____

Address: _____ City: _____ State: VA Zip: _____

Home Phone: _____ Cell Phone: _____

Rowers Email: _____ (Please write it clearly!)

T-Shirt: (Circle One) S M L XL XXL (W/C Rowers get a free T-shirt; this helps us place the order)

VHSL Physical Exam Form: (Please check one):

_____ Form is attached

_____ I do not need to provide a form, because one is already on file with the school

_____ (Indicate sport or activity for which the VHSL form was provided)

MOM'S INFORMATION

Name Last: _____ First: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ (Please write it clearly!)

DAD'S INFORMATION

Name Last: _____ First: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ (Please write it clearly!)

CREW INTEREST AND EXPERIENCE

Crew Position of Interest:	<input type="checkbox"/> Rower	<input type="checkbox"/> Coxswain	
Prior LBSS Crew:	<input type="checkbox"/> None	<input type="checkbox"/> Rower (Seat _____)	<input type="checkbox"/> Coxswain _____ Years
Other High School Crew:	<input type="checkbox"/> None	<input type="checkbox"/> Rower (Seat _____)	<input type="checkbox"/> Coxswain _____ Years
Fall Crew Club:	<input type="checkbox"/> None	<input type="checkbox"/> Rower (Seat _____)	<input type="checkbox"/> Coxswain _____ Years

ATHLETIC PREPARATION

LBSS Crew Winter Cond:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other LBSS Winter Sport/Program:	

LBSS EXTRACURRICULAR ACTIVITIES (LIST)

Activity	Overlapping Crew Practice or Regatta Dates